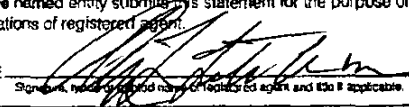
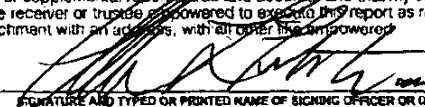


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                 |  |                                                                                              |                                                                   |                                                                                 |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------|--|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------------------------------|--|
| <b>DOCUMENT #600836</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                 |  |             |                                                                   | <b>FILED</b><br>08 NOV 20 PM 2:35<br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA |  |
| 1. Entity Name<br>ALLEN L. LITVAK, D.D.S., P.A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                 |  |                                                                                              |                                                                   |                                                                                 |  |
| Principal Place of Business<br>6105 NORTH DAVIS HIGHWAY<br>PENSACOLA, FL 32504                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                 |  | Mailing Address<br>6105 NORTH DAVIS HIGHWAY<br>PENSACOLA, FL 32504                           |                                                                   |                                                                                 |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                 |  | 3. Mailing Address                                                                           |                                                                   |                                                                                 |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                                 |  | Suite, Apt. #, etc.                                                                          |                                                                   |                                                                                 |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                 |  | City & State                                                                                 |                                                                   |                                                                                 |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          | Country                         |  | Zip                                                                                          |                                                                   | Country                                                                         |  |
| 4. FEI Number<br>59-1233266                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                 |  | Applied For<br>Not Applicable                                                                |                                                                   |                                                                                 |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                 |  | 10272008 REIN-P CR2E098 (1/07)<br><b>\$8.75</b> Additional Fee Required                      |                                                                   |                                                                                 |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                 |  | 7. Name and Address of New Registered Agent                                                  |                                                                   |                                                                                 |  |
| LITVAK, ALLEN L SR.<br>6105 NORTH DAVIS HIGHWAY<br>PENSACOLA, FL 32504                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code            |                                                                   |                                                                                 |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                 |  |                                                                                              |                                                                   |                                                                                 |  |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                 |  | (NOTE: Registered Agent signature required when reinstating)<br>DATE 11/8/08                 |                                                                   |                                                                                 |  |
| <b>FILE NOW!! FEE IS \$150.00</b><br><b>After January 1, 2009, Fee will be \$300.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                 |  | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |                                                                   |                                                                                 |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                                 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                        |                                                                   |                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | PS                       | <input type="checkbox"/> Delete |  | TITLE                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | LITVAK, ALLEN L SR       |                                 |  | NAME                                                                                         |                                                                   |                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 6105 NORTH DAVIS HIGHWAY |                                 |  | STREET ADDRESS                                                                               |                                                                   |                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PENSACOLA, FL 32504      |                                 |  | CITY-ST-ZIP                                                                                  |                                                                   |                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          | <input type="checkbox"/> Delete |  | TITLE                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                                 |  | NAME                                                                                         | 500138131215                                                      |                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                 |  | STREET ADDRESS                                                                               | 11/20/08--01023--008 **150.00                                     |                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                 |  | CITY-ST-ZIP                                                                                  |                                                                   |                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          | <input type="checkbox"/> Delete |  | TITLE                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                                 |  | NAME                                                                                         |                                                                   |                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                 |  | STREET ADDRESS                                                                               |                                                                   |                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                 |  | CITY-ST-ZIP                                                                                  |                                                                   |                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          | <input type="checkbox"/> Delete |  | TITLE                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                                 |  | NAME                                                                                         |                                                                   |                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                 |  | STREET ADDRESS                                                                               |                                                                   |                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                 |  | CITY-ST-ZIP                                                                                  |                                                                   |                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          | <input type="checkbox"/> Delete |  | TITLE                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                                 |  | NAME                                                                                         |                                                                   |                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                 |  | STREET ADDRESS                                                                               |                                                                   |                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                 |  | CITY-ST-ZIP                                                                                  |                                                                   |                                                                                 |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other names empowered. |                          |                                 |  |                                                                                              |                                                                   |                                                                                 |  |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                 |  | 11/1/08 850-291-1046<br>DATE DAYTIME PHONE #                                                 |                                                                   |                                                                                 |  |

11/20