


FILED

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SECRETARY OF STATE
ALLIANCE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 603158

1. Corporation Name

EDWARD A. GORMAN, D.D.S., P.A.

600137894116
11/13/08--01026--004 **2400.00

REINSTATEMENT 93-08

CR2E081 (10/08)

2. Principal Office Address - No P.O. Box # 6142 Hadley Commons Drive		3. Mailing Office Address 6142 Hadley Commons Drive	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State Riverview, FL		City & State Riverview, FL	
Zip 33578	Country USA	Zip 33578	Country USA

4. Date Incorporated or Qualified To Do Business in Florida **10/20/1971**

5. FEI Number **59-1365733**

Applied For	Not Applicable
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6. CERTIFICATE OF STATUS DESIRED 6B. Additional Fee for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
BUSH ROSS REGISTERED AGENT SERVICES, LLC

Street Address (P.O. Box Number is Not Acceptable)
1801 N. HIGHLAND AVENUE

Suits, Apt. #, Etc.

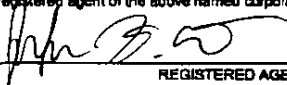
City
TAMPA

State
FL

Zip Code
33602

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.


Signature of Registered Agent  Date 11/12/08

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D, O	Kathleen Gorman	6142 Hadley Commons Drive	Riverview, FL 33578
D, O	James Shindell	2911 Natoma St.	Miami, FL 33133

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:  Date 11.12.08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #