PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

07 JUN -6 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717241

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06/12/07--01013--011 **665.00

1. Corporation Name
FLORIDA PROSTHODONTIC ASSOCIATION, INC.

REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
201 LAKEMONT AVENUE	201 LAKEMONT AVENUE
Suite, Apt. #, etc.: SUITE 2300	Suite, Apt. #, etc.: SUITE 2300
City & State: WINTER PARK, FLORIDA	City & State: WINTER PARK, FLORIDA
Zip: 32792 Country: USA	Zip: 32792 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 09/23/1969

5. FEI Number: 592864855 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for Certification of Status

7. Name and Address of Current Registered Agent

Name: DAVID M. PLANK, D.D.S., M.S.D.

Street Address (P.O. Box Number is Not Acceptable): 201 NORTH LAKEMONT AVENUE

Suite, Apt. #, etc.: SUITE 2300

City: WINTER PARK State: FL Zip Code: 32792

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: X David M. Plank DDS Date: X 6-1-07

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	DR. GLENN TURNER	8730 SW 45TH BLVD.	GAINESVILLE, FL. 32608
V	DR. REZA AZARI	8262 RIVER CLUB RD	JACKSONVILLE, FL. 32256
S	DR. DAVID M. PLANK	201 NORTH LAKEMONT AVE. SUITE 2300	WINTER PARK, FL. 32792

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: X David M. Plank DDS X 6-1-07 (407) 629-1491

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

B. Mitchell JUN 6 2007