

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

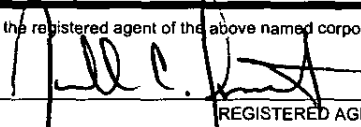
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REINSTATEMENT 02-03

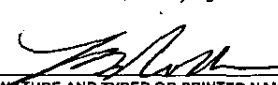
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F00000006359			
1. Corporation Name eDentalDirect, Inc.			
2. Principal Office Address 2907 Bay-to-Bay Blvd. Suite, Apt. #, etc. Suite 214 City & State Tampa, FL Zip 33629 Country USA		3. Mailing Office Address 2907 Bay-to-Bay Blvd. Suite, Apt. #, etc. Suite 214 City & State Tampa, FL Zip 33629 Country USA	

4. Date Incorporated or Qualified To Do Business in Florida 11/08/00	
5. FEI Number 59-3614462	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Darrell C. Smith		
Street Address (P.O. Box Number is Not Acceptable) 101 E. Kennedy Boulevard		
Suite, Apt. #, Etc. Suite 2800		
City Tampa	State FL	Zip Code 33602

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 _____
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
CEO/D	Tim Diasti	2907 Bay-to-Bay Blvd., Suite 214	Tampa, FL 33629
V, CFO	Lee Robbins	2907 Bay-to-Bay Blvd., Suite 214	Tampa, FL 33629
S/D	Lee Robbins	2907 Bay-to-Bay Blvd., Suite 214	Tampa, FL 33629
D	Stuart Hawley	One Canterbury Green	Stamford, CT 06901
D	Tom Berardino	One Canterbury Green	Stamford, CT 06901

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 under section 119.07(3)(i), 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:  L.A. ROBBINS VP/CFO 9/16/03 813-831-6161			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

21 9/16



www.edentaldirect.com

August 26, 2003

VIA FEDERAL EXPRESS

Florida Secretary of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: eDentalDirect, Inc.

Dear Sir or Madam:

Enclosed for filing is our Reinstatement for eDentalDirect, Inc. We hereby request that the Florida Secretary of State file our Uniform Business Report ("Reinstatement") and waive the late filing fees. We have enclosed our check in the amount of \$300.00 for the 2002 and the 2003 filing fees.

On August 20, 2003, we were trying to obtain a good standing certificate and realized that the 2002 UBR was not received by our office. We made a diligent search of our offices, including the files of our former President and Controller and did not find any correspondence referencing their receipt or their mailing of the UBR. At this time, we can only assume that the UBR was lost in the mail.

Thank you for your consideration in this matter.

Sincerely,

Lee A. Robbins
Vice President - CFO