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CORPORATION(S) NAME		A 30 LED
Britesmile Leasing, Inc.		FERSI 22
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(AProfit () Nonprofit	() Amendment	() Merger
Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark
() Limited Partnership () LLC	() Annual Report () Name Registration () Fictitious Name	() Other () Change of RA () UCC
() Certified Copy	() Photocopies	() CUS
() Call When Ready (x) Walk In () Mail Out	() Call If Problem () Will Wait	() After 4:30 (x) Pick Up (After 4:30 (x) Pick Up (Aft
Name Availability Document	3/30/01	Order#: 3766994 FF085 PN 12: 28
Examiner Updater Verifier		Ref#: 28
W.P. Verifier		Amount: \$

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615 Λ 3/3ν

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. BriteSmile Lea		
words or abbrev	ration; must include the word "INCORPOR viations of like import in language as will cle or partnership if not so contained in the name	ATED", "COMPANY", "CORPORATION" or arly indicate that it is a corporation instead of a at present.)
2. Delaware		3. 68-0470048
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)
4. 02/13/2001		5. Perpetual
	te of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qual		. 0
(Date first trans	acted business in Florida. If corporation has	not transacted business in Florida, insert "upon qualification.")
`	(SEE SECTIONS 607.1	501, 607.1502 and 817.155, F.S.) 与
7 490 North Wig	et Lane, Walnut Creek, CA 94598	SS W
7. <u></u>	(Principal office	address)
came		F. ST. PA
same	(Current mailing	address)
T- 1 4-44-	white in a project and daying	DA 5
	whitening equipment and devices.	
(Purpose	(s) of corporation authorized in home state of	r country to be carried out in state of Florida)
9. Name and <u>st</u>	reet address of Florida registered age	nt: (P.O. Box or Mail Drop Box NOT acceptable)
Name:	C T Corporation System	
Office Address:	1200 South Pine Island Road	
		El :1 22204
	Plantation (City)	, Florida 33324 (Zip code)
	(City)	(Zip codo)
Having been na designated in th further agree to	is application, I hereby accept the appo	ervice of process for the above stated corporation at the place intment as registered agent and agree to act in this capacity. I tes relative to the proper and complete performance of my ns of my position as registered agent.
Ву:	C T Corporation System (Registered agen	US t's signature)
	(140E1910104 agon	

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

FL019 - C T Filing Manager Online

under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: John	. Reed
Address: 490 No	th Wiget Lane
Walnut	Creek, CA 94598
Vice Chairman:	Esta 30 m
Address.	10 P.
	THE COLUMN
Director:	
Address:	
Director:	-
Address:	
B. OFFICERS	
President: John l	. Reed
Address: 490 No	th Wiget Lane
	Creek, CA 94598
Vice President:	
Address: 490 No	th Wiget Lane
Walnu	Creek, CA 94598
Secretary: Peter	Hausback
	rth Wiget Lane Walnut Creek, CA 94598
Treasurer: Peter	
	rth Wiget Lane Walnut Creek, CA 94598
	TTACHMENT
NOTE: If nece	ssary, you may attach an addendum to the application listing additional officers and/or directors.
13	Shoffled
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. John L. Ree	
	(Typed or printed name and capacity of person signing application)

SEE ATTACHMENT

Attachment to Florida

Application By Foreign Corporation for Authorization to Transact Business In Florida

Officers & Directors

1. Full Name:
Officer/Director:
Officer's Title:
Director's Title:

Business Address: City: State: ZIP Code:

Full Name:
 Officer/Director:
 Officer's Title:
 Business Address:

City: State: ZIP Code:

3. Full Name:
Officer/Director:
Officer's Title:

Business Address:

City: State: ZIP Code:

4. Full Name:

Officer/Director: Officer's Title: Business Address:

City: State: ZIP Code: John L. Reed Officer, Director

President Chairman

490 North Wiget Lane

Walnut Creek

CA 94598

Peter Hausback

Officer

Secretary/Treasurer 490 North Wiget Lane

Walnut Creek

CA 94598

Jeffrey M. Jones

Officer

Assistant Secretary

111 East Broadway, Suite 900

Salt Lake City

UT 84111

Miles Nikaido

Officer

Vice President

490 North Wiget Lane

Walnut Creek

CA 94598



State of Delaware Office of the Secretary of State

PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BRITESMILE LEASING, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF MARCH, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES
HAVE NOT BEEN ASSESSED TO DATE.

Warriet Smith Windson Harriet Smith Windson, Secretary of State

AUTHENTICATION: 1022217

DATE: 03-14-01

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