

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Pg 1 of 2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR -3 AM 8:06

DOCUMENT # **F020000001571**

1. Corporation Name

**CRYSTAL DENTAL LAB INC**

**W08-2928**

2. Principal Office Address

**27445 Amelia Isle Ct**

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

**Wesley Chapel FL**

Zip

Country

City & State

Zip

Country

**33547**

**REINSTATEMENT 03-06**

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

**03/29/2002**

5. FEI Number

**113106724**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**ROGER CLANKI**

Street Address (P.O. Box Number is Not Acceptable)

**27445 AMELIA ISLE CT**

Suite, Apt. #, Etc.

City

**Wesley Chapel**

State

**FL**

Zip Code

**33547**

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

REGISTERED AGENT MUST SIGN

Date

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
CP	ROGER CLANKI	27445 AMELIA ISLE	Wesley Chapel FL 33547
VP	ARTHUR BUN	86-0185th st	Woodhaven NY 11421
			100069917141
			04/10/06--01015--009 **\$600.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/18/06**

Date

**917-592-8049**

Daytime Phone #

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Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

January 7, 2006

Re: Crystal Dental Labs Inc.  
Doc.#: F02000001571

Gentlemen:

Enclosed please find my form to reinstate the above corporation into Florida.

Please note sometime in the middle of 2003 year I ceased all activities in Florida accordingly I never received the annual reports to file.

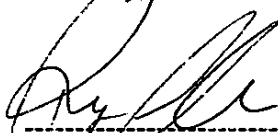
I am enclosing \$600.00 as payment for the years 2003, 2004, 2005 and 2006.

If you do not accept this letter to waive the Reinstatement Fee please let me know.

I can be reached at 516-298-5392.

Thank you for your help.

Sincerely,



Roger Clarke  
President