## F02000004364

TO: Registration Section Division of Corporations SUBJECT: PROFESSIONAL DENTAL TECHNOLOGIES THERAPEUTICS (Name of corporation - must include suffix) Dear Sir or Madam: The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida" "Certificate of Existence", and check are submitted to register the above referenced foreign corporations to transact business in Florida. Please return all correspondence concerning this matter to the following: Joann Underwood, P.A. (Name of Person) Attorney at Law (Firm/Company) 267 E. Main (Address) (a 72501 Batesville, AR (City/State and Zip code) For further information concerning this matter, please call: \*\*\*\*\*70.00 Joann Underwood (Area Code & Daytime Telephone Number) (Name of Person) **MAILING ADDRESS:** STREET ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 409 E. Gaines St. Tallahassee, FL 32314 Tallahassee, FL 32399 Enclosed is a check for the following amount: ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, ☐ \$78.75 Filing Fee & 図 \$70.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy

Joann Underwood, P.A. Attorney At Law 267 E. Main St., Batesville, Arkansas 72501 870-698-3571 FAX # 870-698-3570

August 20, 2002



Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re:

Professional Dental Technologies Therapeutics, Inc.

Application for Certificate of Authority

## Gentlemen:

Enclosed please find Professional Dental Technologies Therapeutics, Inc.'s Application by Foreign Corporation for Authorization to Transact Business in Florida, along with a Certificate of Good Standing certified by the Nevada Secretary of State's Office.

A check in the amount of \$70.00 made payable to the Department of State is enclosed to cover your filing fee.

Please return a file-marked copy to me in the envelope provided.

non Underwood

If you have any questions regarding this matter, please feel free to call me. Thanking you in advance for your assistance in this matter, I am

Very truly yours,

Joann Underwood

JU/lc

Enclosures

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA** IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMI REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. PROFESSIONAL DENTAL TECHNOLOGIES THERAPEUTICS, INC. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) (State or country under the law of which it is incorporated) (FEI number, if applicable) 4. January 28, 1993 \_\_\_ 5. \_\_\_perpetual (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") upon qualification (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 267 E. Main, Batesville, AR 72501 (Principal office address) 267 E. Main, Batesville, AR 72501 (Current mailing address) Manufacture, distribute and market dental products (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: CT Corporation System Office Address: 1200 South Pine Island Road Plantation , Florida (City) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (SEE ATTACHED)

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 under the law of which it is incorporated.

(Registered agent's signature)

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

A. DIRECTORS	7.55 62
Chairman: William T. Evans	<b>最高型</b>
Address:267 E. Main, Batesville, AR 72501	B m
	From I
Vice Chairman:	
Address:	
Director: Robert E. Christian	
Address: 267 E. Main, Batesville, AR 72501	
Director: J. Robert Lemon	
Address: 267 E. Main, Batesville, AR 72501	
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B. OFFICERS	
President: William T. Evans	
Addition 267 E Main	
Batesville, AR 72501	****
Vice President: Frank H. Newton, III and Richard L. Land	<u> </u>
Address: 267 E. Main 267 E. Main	
Batesville, AR 72501 Batesville, AR 72501	
Secretary: Robert E. Christian	
Address: 267 E. Main, Batesville, AR 72501	
Treasurer:Robert E. Christian	
Address: 267 E. Main, Batesville, AR 72501	
NOTE: If necessary, you may attach in addendurate the application listing additional officers and	l/or directors.
13. Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the a	11
Frank H. Newton, III, Vice President	pplication)
(Typed or printed name and capacity of person signing application)	<u> </u>

## ACCEPTANCE OF APPOINTMENT

RE: Professional Dental Technologies Therapeutics, Inc.

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the

Dated: July 11, 2002

obligations of, Section 607.0505, Florida Statutes.

C T CORPORATION SYSTEM

By

Jonathan L. Miles, Assistant Secretary



I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **PROFESSIONAL DENTAL TECHNOLOGIES THERAPEUTICS**, **INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since January 28, 1993, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on July 12, 2002.

DEAN HELLER Secretary of State

A Secretar

Certification Clerk