

F120000003941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

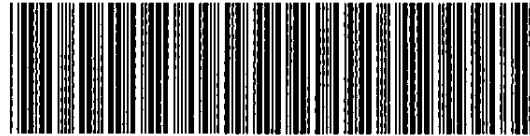
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

~~W12-41786~~

Office Use Only



300239472593

09/14/12--01018--002 **70.00

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09/26/12--01019--023 **650.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VH

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Dental Resource Systems, Inc.

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," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

John C. HARRIS

Name of Person

Dental Resource Systems, Inc.

Firm/Company

1700 E. LAS DIAS BLVD Suite 300

Address

Ft. Lauderdale, FL 33301

City/State and Zip code

JHARRIS@dentalresourcesystems.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John C. HARRIS

Name of Person

at (954) 300-2647

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:



\$70.00 Filing Fee



\$78.75 Filing Fee &
Certificate of Status



\$78.75 Filing Fee &
Certified Copy



\$87.50 Filing Fee,
Certificate of Status &
Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 17, 2012

JOHN C. HARRIS
1700 E. LAS OLAS BLVD, SUITE #300
FT. LAUDERDALE, FL 33301

SUBJECT: DENTAL RESOURCE SYSTEMS, INC.
Ref. Number: W12000047786

We have received your document for DENTAL RESOURCE SYSTEMS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$650.00.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 612A00023303

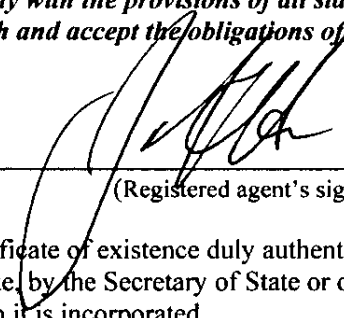
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

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. Dental Resource Systems, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. DE 3. 45-2388489
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 09/11/2000 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 8-8-2011
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1700 E. LAS OLAS Blvd Suite #300 Ft. Lauderdale, FL 33301
(Principal office address)
1700 E. LAS OLAS Blvd Suite #300 Ft. Lauderdale, FL 33301
(Current mailing address)
8. Dental Equipment Sales
(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 NOT acceptable)
- Name: John C. Harris
- Office Address: 1700 E. LAS OLAS Blvd Suite #300
Ft. Lauderdale, Florida 33301
(City) (Zip code)

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.


(Registered agent's signature)

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.

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

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A. DIRECTORS

Chairman: John C. HARRIS 12 SEP 25 PM 2: 24

Address: 1700 E. LAS OLAS BLVD Suite #300 Ft. Lauderdale, FL 33301
TALLAHASSEE, FL 32301

Vice Chairman: _____

Address: _____

Director: John C. HARRIS

Address: 1700 E. LAS OLAS BLVD Suite #300 Ft. Lauderdale, FL 33301

Director: _____

Address: _____

B. OFFICERS

President: John C. HARRIS

Address: 1700 E. LAS OLAS BLVD Suite #300 Ft. Lauderdale, FL 33301

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. John C. HARRIS CEO-President
(Typed or printed name and capacity of person signing application)

Delaware

The First State

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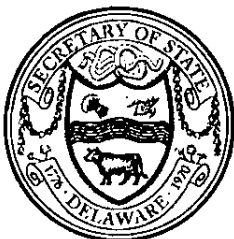
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DENTAL RESOURCE SYSTEMS, 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 ELEVENTH DAY OF SEPTEMBER, A.D. 2012.

3285988 8300

121020703

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9838268

DATE: 09-11-12