PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE Page 1 of 2 **APPLICATION** Sandra B. Mortham **FOR** Secretary of State REINSTATEMENT FILED DIVISION OF CORPORATIONS F 13049 96497 **DOCUMENT #** 97 MAY -5 PM 2:21 1. Corporation Name S+J Dental autorities SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business
327 PL4Z4 REAL Swite 201 60e0 00 10/K 1996+1997 MWB BOCA RATON FL. 33432 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable 2 New Principal Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida ON FILB Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 59 2045320 Not Applicable \$8.75. Additional Fee required Country Country CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each City / State / Zip Title(s) and/or Directors Officer and/or Director (Do NOT Use Post Office Box Numbers) BOCA RATON, FL 33487 700 NE 765T. STEPHANIE LIPMAN RES BOCA RHTONFL 32487 700 NE 76 ST. JENNIFER LIPMAN BOCH RATOW, FL 33487 700 NB 76 ST RICHARD LIPMAN Tres ****365.00 ****365.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name RICHARD LIPMAN 327 PLAZA REAL 201 Street Address (P.O. Box Number is Not Acceptable) BOCA PATON, FL. 33432 Suite, Apt. #, Etc. Zip Code State 10. I, being appointed the registered agent of the appre decrease and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGIST HED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information Yes 🔀 on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. No L 12 1 gertify 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. 129/97 561-368-9289 SIGNATURE: IGNATURE AND TYPED OR PRINTED NAME OF SIGNING Davlime Phone #

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RICHARD I. LIPMAN, D.D.S., P.A.

STEVEN D. SPITZ, D.M.D. + JOSEPH NORDMANN, D.M.D. + STEPHEN J. SCHER, D.D.S.

Somerset Shoppes, 8903 Glades Rd., Suite A-7, Book Reton, FL 33434 (407) 488-9288
Mizner Park, General Dentistry, 327 Plaza Real, Suite 201, Book Reton, FL 33432 (407) 988-9288

4/28/97

Den Mrs. Maire W. Butlett,

Please waive the unstatement for 1505 for the S+1. Dentol Laboratory due, Mayra Park Stour Inc., and h Richt S. Lyman, DDS, DA. I have a local problem with receiving all mail since there is an outside box profund is not delivered to my office address with The location of the box makes for easy wardalise. in Migner Park, which has occurred. Please waive the fee for each of the compositions as I have not received said mail. I am enclosing a check for SA Del Lab with the start of 365 th (200 for 1996 and Report, at 165 for 1997 and Royal) also another about for the Michel ! Lypin DDSDA; in the sun of 365 20 (200 for 1996 of Day Land 1884 1877 years) Lostly a chil for Muje Park Sauce Willem 1365 (200 for 1996 m) 165 for 1997 That you kind outproperty the life the with