PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 JAN 16 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000005126

1. Corporation Name
Becker-Parkin Dental Supply Co. Inc

2. Principal Office Address	3. Mailing Office Address
450 W 33ED ST	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New York NY	City & State
Zip: 10001 Country: US	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 1973

5. FEI Number: 13-2751374 ☐ 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: ~~Corporation Service Company~~ LISA MORELY c/o Becker-Parkin Dental

Street Address (P.O. Box Number is Not Acceptable): ~~1201 Hays Street~~ 1700 NW 65th AVE

Suite, Apt. #, Etc.:

City: PLANTATION ~~Tallahassee~~ State: FL Zip Code: ~~32301~~ 33313

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: X Lisa Morley Date: 1/11/01

REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
Pres	Fred Salzman	3200 North Ocean Blvd	Ft Lauderdale FL 33308
VP	Barry Salzman	115 Central Park West	NY NY 10023
CFO	Craig Greenberg	134 Kirsh Ave	NY NY 10314

600003573446--0
-01/24/01--01085--015
***1208.75 ***1208.75

STATEMENT 98-01

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 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.

SIGNATURE: CFO 1/11/01 212-216-0758

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #