

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 JAN 13 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99000002575

1. Corporation Name

Britesmile, Inc.

2. Principal Office Address

460 N. Wiget Lane

Suite, Apt. #, etc.

City & State

Walnut Creek, CA

Zip

94598

Country

3. Mailing Office Address

460 N. Wiget Lane

Suite, Apt. #, etc.

City & State

Walnut Creek, CA

Zip

94598

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/19/99

5. FEI Number

870410364

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
C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City
PLANTATION

State
FL

Zip Code
33324

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

Victor Alfano

Victor Alfano
Assistant Secretary

Date 1/5/06

REGISTERED AGENT MUST SIGN

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
PRESIDENT	Julian Feneley	460 N Wiget Ln	Walnut Creek, CA 94598
SECRETARY	Kenneth A Czaja	460 N Wiget Ln	Walnut Creek, CA 94598
CFO	Kenneth A Czaja	460 N Wiget Ln	Walnut Creek, CA 94598
Director	Anthony N. Pilaro	460 N Wiget Ln	Walnut Creek, CA 94598
Director	Harry Thompson	460 N Wiget Ln	Walnut Creek, CA 94598
Director	Peter Schechter	460 N Wiget Ln	Walnut Creek, CA 94598

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K.A. CZAJA

Date

Daytime Phone #

1/20/06

925 579 2646

B. Mitchell JAN 19 2006