

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
02 APR 30 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G 05579

1. Corporation Name
King KAST Dental Laboratory, Inc

2. Principal Office Address 2160 Sunnydale Blvd Suite, Apt. #, etc.		3. Mailing Office Address SAME Suite, Apt. #, etc.	
City & State Clearwater, FL.		City & State "	
Zip 33765	Country USA	Zip "	Country "

REINSTATEMENT 00-02

4. Date Incorporated or Qualified To Do Business in Florida 11-1-82	
5. FEI Number 59-2226664	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Michael C. Malarick		800005507888-7	
Street Address (P.O. Box Number is Not Acceptable) 2160 Sunnydale Blvd.		05/14/02 0101-004 ***1050.00 ***1050.00	
Suite, Apt. #, Etc.			
City Clearwater	State FL	Zip Code 33765	

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 Michael C. Malarick Date 4-8-02
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
PST	Michael C. MALARICK	2067 Hunters Glen #302	Dunedin, FL. 34698

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: Michael C. Malarick 4-8-02 727-446-3988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)