

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 8:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **G33704**

1. Corporation Name

**ORAL HEALTH SERVICES, INC.**

Principal Place of Business

**100 MANSELL COURT  
SUITE 400  
ROSWELL GA 30076**

Mailing Address

**5775 NW BLUE LAGOON DRIVE  
SUITE 400  
MIAMI FL 33126**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

**100 Mansell Court East**

Suite, Apt. #, etc.

**Suite 400**

City & State

**Roswell, GA 30076**

Zip

Country

**US**

4. Date Incorporated or Qualified  
To Do Business in Florida

**04/18/1983**

5. FEI Number

**59-1958717**

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required  
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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
C	KLOCK, PHYLLIS A	100 MANSELL COURT EAST SUITE 400	ROSWELL GA 30076
SD	MITCHELL, BRUCE	100 MANSELL COURT EAST SUITE 400	ROSWELL GA 30076
TD	YODER, KEITH	100 MANSELL COURT EAST SUITE 400	ROSWELL GA 30076
C	KLOCK, DAVID R	100 MANSELL COURT EAST SUITE 400	ROSWELL GA 30076

**100008765311**

**11/01/02--01104--003 \*\*158.75**

8. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ROAD  
PLANTATION FL 33324**

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

11. 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 REQUIRED**

**Bruce A. Mitchell Secretary**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**770-998-8936**

Daytime Phone #

CR2E040 (8/02)



**Oral Health Services, Inc.**  
**FEIN: 59-1958717**

100 Mansell Court East, Ste. 400  
Roswell, GA 30076  
(770) 998-8936 FAX: (770) 992-4349  
[www.compbenefits.com](http://www.compbenefits.com)

**October 28, 2002**

**Division of Corporations**  
**Annual Report/Reinstatement Section**  
**PO Box 6327**  
**Tallahassee, FL 32314-6327**

**RE: Application for Reinstatement**  
**Document Number: G33704**

To Whom It May Concern:

Enclosed please find an Application for Reinstatement, a check in the amount of \$158.75, \$150.00 for the filing fee and \$8.75 additional fee for a Certificate of Status.

Please note, Oral Health Services, Inc. had not received the original 2002 Corporation Annual Report/Uniform Business report at the beginning of the year. Per Mr. Todd Bibb's conversation with the Department on October 24, 2002, Oral Health Services, Inc. was instructed to send the Application for Reinstatement and original application fee of \$150.00 to the Department for reinstatement.

Should you have any questions or need additional information, please call me at 770-998-8936, Ext. 8065 or via e-mail at [jgoodwin@compbenefits.com](mailto:jgoodwin@compbenefits.com).

Sincerely,

John Goodwin  
Compliance Coordinator