CORPORATION REINSTATEMENT						I JUL -9 AM 9: 11 SECRETARY OF STATE	
		T#_G597	98		Ţ	ALLAHASSEE, HLOHIDA	
		rnational Dent	al Plans, Inc.		λ (		
2. Principa	al Office Add	1938	3. Mailing Office Ac	dress			
2801 Highway 280, South 2801 1				ay 280, South	REIN	STATEMENT	0 - 01
Suite, Apt. #	f, etc.		Suite, Apt. #, etc.	#, etc.		corporated or Qualified	
City & State City & Stat						iness in Florida 09/16/	/1983
Birmingham, AL		Birmingham, AL		<b>5.</b> FEI Number Applied For 59-2327793 Not Applicable			
Cip D. C. (	 	Country	Zip 25.2.2.2	Country USA	6, CERTIEICAT	E OF STATUS DESIDED	tional Fee required
35.	223	USA	35223	USA	CENTIFICAT	for a Cert	tificate of Status
	Name Street Ac Suite, Ap			ad	4	0000448193 -07/18/01010 ****\$900.00 **	34 <u>ia -</u> 6 02-023 *** 100.00 i
S. i being	Street Ac Suite, Ap City	ddress (P.O. Box Number i 1200 South P a. #, Etc. Plantation	Not Acceptable) ine Island Roa	······		****300.00 ** State Zip Code FL 33324	34 <del>  6</del> 02023 **** 000.003
<b>B.</b> 1, being Signature of Registered J	Street Ac Suite, Ap City appointed th	ddress (P.O. Box Number i 1200 South P a. #, Etc. Plantation	Not Acceptable) ine Island Roa bove named corporation, a JOA	······	he obligations of sect	****300.00 **	34 <del>56</del> 02-023 **** 00.003
Signature of Registered	Street Ac Suite, Ap City appointed th f Agent	Ideass (P.O. Box Number is 1200 South P A. #, Etc. Plantation he registered agent of the a	Not Acceptable) ine Island Roa bove named corporation, a JOA REGISTERED AGENT M	am familiar with and accept th	he obligations of sect RETARY	****300.00 ** State Zip Code FL 33324 Ion 607.0505 or 617.0503, F.S.	34 <del>1 2 - 6</del> 02- 023 **** 100.003
Signature of Registered	Street Ac Suite, Ap City appointed th f Agent	Ideass (P.O. Box Number is 1200 South P A. #, Etc. Plantation he registered agent of the a	Not Acceptable) ine Island Roa above named corporation, a JOA REGISTERED AGENT M and/or Director (Florida no	am familiar with and accept th N BOLDEN UST SIGNSISTANT SECT	he obligations of sect RETARY at least 3 directors) Each	****300.00 ** State Zip Code FL 33324 Ion 607.0505 or 617.0503, F.S.	34 1 6 02023 **** 100.00
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CT CORPORATION

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## Attachment to Florida Corporation Reinstatement for International Dental Plans, Inc.

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Name Title Address

Harriette Hyche Assistant Secretary 2801 Highway 280, South, Birmingham, AL 35223



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 3, 2001

## INTERNATIONAL DENTAL PLANS, INC. CT CORPORATION SYSTEM \*\*\*\*\*\*\*\*\*WALK-IN\*\*\*\*\*\*\*\* DALLAS, TX 75240 US

SUBJECT: INTERNATIONAL DENTAL PLANS, INC. Ref. Number: G59798

We have received your document for INTERNATIONAL DENTAL PLANS, INC. and check(s) totaling \$900.00. However, your check(s) and document are being returned for the following:

The person that signed the annual report/uniform business report is not listed as a current officer/director of the corporation. The person signing must be listed as a current officer/director on the report or on an attachment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kathy Ashton

Letter Number: 701A00039738

