

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**CORPORATION
REINSTATEMENT**



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

DOCUMENT #

H08416

1. Corporation Name

Quality Dental Care, Inc.

2. Principal Office Address

2150 Tamiami Tr.

Suite/Apt. #, etc.

19

City & State

Port Charlotte, FL

Zip

33948

Country

US

3. Mailing Office Address

2150 Tamiami Tr.

Suite/Apt. #, etc.

19

City & State

Port Charlotte, FL

Zip

33948

Country

US

REINSTATEMENT 93-01

4. Date Incorporated or Qualified

To Do Business in Florida 6-19-84

5. FEI Number

59-2442979

Applicable

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

Anthony R. Gnysz D.D.S.

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

2150 Tamiami Tr.

Suite/Apt. #, Etc.

19

City

Port Charlotte

State

FL

Zip Code

33948

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***1950.00 ***1950.00

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

Anthony R. Gnysz
REGISTERED AGENT MUST SIGN

Date

8/23/01

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.	Dr. Anthony R. Gnysz	23387 Westchester Blvd	Port Charlotte, FL 33980

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:

Anthony R. Gnysz
Anthony R. Gnysz D.D.S.

8/23/01

Date

941-627-6300

Daytime Phone #

CR2E081 (9/00)