PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 MAY 21 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J27117

1. Corporation Name

Dale C. Smith, D D S, P.A.

REINSTATEMENT 05-07

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
224 SE 23rd Avenue	224 SE 23rd Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boynton Beach, Florida	City & State: Boynton Beach Florida
Zip: 33435 Country: USA	Zip: 33435 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 8/5/86

5. FEI Number: 59 2717870 ☐ 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: Dale C. Smith

Street Address (P.O. Box Number is Not Acceptable): 224 SE 23rd Avenue

Suite, Apt. #, Etc.

City: Boynton Beach State: FL Zip Code: 33435

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 ✗ [signature] Date 5-16-07

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
P	Dale C. Smith	224 SE 23rd Avenue	Boynton Beach FL 33435

800102338508
05/21/07--01023--016 **1500.00

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 contained in Chapter 119, 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] DALE C. SMITH, DDS 5-17-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Waxman & Waxman, P.A.
CERTIFIED PUBLIC ACCOUNTANTS
2001 WEST SAMPLE ROAD, SUITE 404
POMPANO BEACH, FLORIDA 33064
(954) 972-5505

MICHAEL S. WAXMAN, CPA

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Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Dale C. Smith D.D.S. P.A.

Gentleman,

We are writing on behalf of Dale C. Smith D.D.S. P.A. (TIN 59-2717870). This entity has recently found out that on or about September 15, 2005, the Department of State filed for dissolution. The taxpayer's sole shareholder and its registered agent deeply regrets that this occurred. Based on the explanation we received the last annual report was filed in 2004. Enclosed please find a check for $1,500. This represents the annual $150 corporate fee for 2005, 2006 and 2007 in addition to the reinstatement fee of $1,050. We have also enclosed Corporate Reinstatement for CR2E081. Please contact us if any further action is required to bring this account current.

Near the end of 2005, the taxpayer replaced the person responsible for office management. Many duties have been ignored by the party that held that position. This entity would never knowingly or willfully jeopardize its corporate status. We kindly request the Department of State to consider the waiver of the $1,050 reinstatement fee.

Very truly yours

Michael S. Waxman

Cc: Dr. Dale Smith