

APPLICATION FOR REINSTATEMENT



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

FILED

02 DEC -6 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000021435

Name and Mailing Address

0009189 01 FP 0.352 **PRSRT H1 0 0615 32202-274805



DUVAL DENTAL SERVICES, L.L.C.
305 EAST UNION ST.
JACKSONVILLE FL 32202-2748



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL																					
Principal Place of Business 305 EAST UNION ST. JACKSONVILLE FL 32202		5. Date Organized or Qualified To Do Business in Florida 12/10/2001																					
3. New Principal Place of Business Address City, State, Zip		6. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable																					
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status																					
8. Name and Address of Current Registered Agent CHESTER A. AIKENS, J.D., D.D.S., M.B.A. 305 EAST UNION ST. JACKSONVILLE FL 32202		9. Name and Address of New Registered Agent Name: <u>Chester A. Aikens, DDS</u> Street Address (P.O. Box Number is Not Acceptable): <u>305 East Union St.</u> City: <u>Jacksonville</u> FL Zip Code: <u>32202</u>																					
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent: <u>[Signature]</u> Date: <u>11/13/02</u> REGISTERED AGENT MUST SIGN																							
11. Names and Street Addresses of Each Managing Member/Manager <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Title(s)</th> <th style="width: 30%;">Name of Managing Members/Managers</th> <th style="width: 30%;">Street Address of Each Managing Member/Manager</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>General manager</td> <td>Chester A. Aikens, DDS</td> <td>305 East Union St.</td> <td>Jacksonville, FL 32202</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	General manager	Chester A. Aikens, DDS	305 East Union St.	Jacksonville, FL 32202												
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CR2E084 (8/02)

12. I certify that I am managing member/manager of the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Date 11/13/02 Daytime Phone # 904-358-3827

Typed or printed name of signing Managing Member/Manager