

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 DEC 24 AM 8:48

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000006023

Name and Mailing Address

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EXCELLENCE IN DENTISTRY, LLC
3928 9TH AVE. W.
BRADENTON FL 34205-1704



2. New Mailing Address: 815 40th Street West City, State, Zip Bradenton, FL 34205		4. State/Country of Formation <p align="center">FL</p>	
Principal Place of Business: 3928 9TH AVE. W. BRADENTON FL 34205		5. Date Organized or Qualified To Do Business in Florida <p align="right">03/13/2002</p>	
3. Now Principal Place of Business Address: 815 40th Street West City, State, Zip Bradenton, FL 34205		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 WICKMAN & WYCKOFF, P.A. 4909 MANATEE AVE. WEST BRADENTON FL 34209	9. Name and Address of New Registered Agent Name Joseph R. Lowe Street Address (Not Acceptable) 815 40th Street West City Bradenton FL 34205
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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: **"RED"** Date **12/18/03**
 REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Joseph R. Lowe	815 40 th Street West	Bradenton, FL 34205

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 11/03/03--01003--016 **150.00

REINSTATEMENT

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12. I certify that I am managing member/manager or 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: **SIGNATURE REQUIRED** Date **10/22/03** Daytime Phone # **941-708-5110**
 Typed or printed name of signing Managing Member/Manager: **Joseph R. LOWE, DMD, PA.**

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