PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 DEC 30 AM 10:49

DOCUMENT # L04000008834

1. Limited Liability Company's Name
Unique Dental Smiles LLC

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
360 Palm BLvd	360 Palm BLvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Weston FL	City & State: Weston FL
Zip: 33326 Country: U.S.A	Zip: 33326 Country: USA

4. State/Country of Formation: Florida, USA
5. Date Organized or Qualified To Do Business in Florida: 02-2-04
6. FEI Number: 52-2439768 ☑ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: ~~Jesus Blazquez~~ Orffa Masso Blazquez
Street Address (P.O. Box Number is Not Acceptable): 360 Palm BLvd
Suite, Apt. #, Etc.:
City: Weston | State: FL | Zip Code: 33326

9. 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: _____ Date: 01-4-06
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Jesus Blazquez	360 Palm BLvd Weston FL 33326	Weston, FL 33326

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REINSTATEMENT 2005

11. 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: _____ Date: 01-4-06 Daytime Phone #: 954 659 8038

Typed or printed name of signing Managing Member/Manager: _____