

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUN 12 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000130927620
06/05/08--01048--005 **416.00

CR2E041 (12/07)

DOCUMENT #

L04000008834

1. Limited Liability Company's Name

UNIQUE Dental Smiles LLC

2. Principal Office Address - No P.O. Box #

640 Palm Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

640 Palm Blvd

Suite, Apt. #, etc.

City & State

Weston, FL

City & State

FLORIDA

Weston

Zip

33326

Country

Broward

Zip

33326

Country

Broward

4. State/Country of Formation

Florida / Broward

5. Date Organized or Qualified
To Do Business in Florida

02/02/2004

6. FEI Number

522439768

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

Orffa Masso Blazquez

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

640 Palm Blvd

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33326

☒ A \$100 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 \$100
reinstatement be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 05-30-08

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
Manager (MGR)	Jesus Blazquez	640 Palm Blvd	Weston FL 33326

REINSTATEMENT 2006-2008

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

[Signature] Date 5/30/08

Daytime Phone # 954 659 8038

Typed or printed name of signing Managing Member/Manager

Jesus Blazquez