2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 05, 2005
Secretary of State

DOCUMENT# L04000017521

Entity Name: DENTAL EXPRESSIONS, P.L.

Current Principal Place of Business:

501 GOODLETTE ROAD
B-202
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

501 GOODLETTE ROAD
B-202
NAPLES, FL 34102

New Mailing Address:

FEI Number: 20-0814382 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SIKET, ANDREW G
1100 5TH AVENUE SOUTH
301
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ANDREW SIKET

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: PADILLA, RAMON
Address: 501 GOODLETTE ROAD, SUITE B-202
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: PADILLA, RAMON DDS
Address: 501 GOODLETTE ROAD, SUITE B-202
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RAMON PADILLA DDS 10/05/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date