2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 24, 2005
Secretary of State

DOCUMENT# L04000042954

Entity Name: MATRIX DENTAL SOLUTIONS L.L.C.

Current Principal Place of Business:

2639 SOPHIA CT.
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

Current Mailing Address:

2639 SOPHIA CT.
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

FEI Number: 41-2139800 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

NIQUETTE, CHRISTOPHER T
2639 SOPHIA CT.
GREEN COVE SPRINGS, FL 32043 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: CHRISTOPHER T NIQUETTE

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: NIQUETTE, CHRISTOPHER T
Address: 2639 SOPHIA CT.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CHRISTOPHER T NIQUETTE MGRM 10/24/2005

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