

**2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Aug 24, 2006  
Secretary of State**

DOCUMENT# L04000064246

**Entity Name:** DR. RESTORATION, LLC.

**Current Principal Place of Business:**

5703 US 31 SOUTH  
STE. A  
INDIANAPOLIS, IN 46227

**New Principal Place of Business:**

**Current Mailing Address:**

5703 US 31 SOUTH  
STE. A  
INDIANAPOLIS, IN 46227

**New Mailing Address:**

**FEI Number:** 41-2301617      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAZE STREET  
TALLAHASSEE, FL 32301      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: CORPORATION SERVICE COMPANY

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title:                                    ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                                    MGRM                    ( ) Change (X) Addition  
Name:                                    RILEY, RICHARD D  
Address:                                  6528 TRAVIS ROAD  
City-St-Zip:                              GREENWOOD, IN 46143

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: RICHARD D RILEY

MGRM

08/24/2006

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