


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

06 NOV -3 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000070141		
1. Entity Name RG DENTAL LLC		

Principal Place of Business 3228 W. SR. 426 SUITE 1000 OVIEDO, FL 32765	Mailing Address 300 RADISSON PLACE OVIEDO, FL 32765
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2. Principal Place of Business	3. Mailing Address 3228 West SR. 426 Ste. 1000
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Oviedo, FL
Zip	Country USA



11012006 REIN-LLC CR2E101 (11/05)

4. FEI Number 20-1791788	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GARCIA, ROXANNA C 3228 W SR 426 1000 OVIEDO, FL 32765	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Roxanna Garcia (NOTE: Registered Agent signature required when reinstating) DATE: 11/1/06

FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARCIA, ROXANNA C 3228 W SR 426, SUITE #1000 OVIEDO, FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400081499124 11/03/06--01034--005 **\$5.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT OK
11-1-06
C. [Signature]

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Roxanna Garcia DATE: 11/1/06 DAYTIME PHONE #: (407)678-3330