2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000095702

City-St-Zip:

Entity Name: DENNIS R MOONEY DDS LLC

CRAWFORDVILLE, FL 32327

FILED Oct 10, 2007 Secretary of State

New Principal Place of Business: Current Principal Place of Business: 215 OCHLOCKONEE ST CRAWFORDVILLE, FL 32327 **Current Mailing Address: New Mailing Address:** 215 OCHLOCKONEE ST CRAWFORDVILLE, FL 32327 FEI Number: 20-3670936 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: Name and Address of New Registered Agent: DENNIS, SCARRY DENNIS, SCARRY CPA 1689B MAHAN CENTER BLVD 1689B MAHAN CENTER BLVD TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308 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: DENNIS SCARRY, CPA 10/10/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM () Delete Title: () Change () Addition MOONEY, MARY Name: Name: Address: 215 OCHLOCKONEE ST Address: City-St-Zip: CRAWFORDVILLE, FL 32327 City-St-Zip: Title: MGR () Delete Title: () Change () Addition MOONEY, DENNIS R Name: Name: Address: 215 OCHLOCKONEE ST Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARY MOONEY MGRM 10/10/2007