


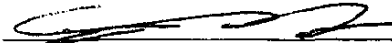


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000032999 1. Entity Name ACCU-DONTIC DENTAL STUDIO, LIMITED LIABILITY COMPANY						08 NOV 12 AM 8:05 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 527 SOUTH BRANCH DRIVE JACKSONVILLE, FL 32259				Mailing Address 527 SOUTH BRANCH DRIVE JACKSONVILLE, FL 32259			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
DOLSENHE, GEEMU P 527 SOUTH BRANCH DRIVE JACKSONVILLE, FL 32259				Name Geemu P. Dolsenhe Street Address (P.O. Box Number is Not Acceptable) 527 South Branch DR. City Jacksonville FL Zip Code 32259			
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  President. DATE 11-06-08 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$238.75 After January 1, 2009, Fee will be \$377.50				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOLSENHE, GEEMU P 527 SOUTH BRANCH DRIVE JACKSONVILLE, FL 32259 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500137326105 10/27/08--01055--020 **238.75		
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 L. SELLERS NOV 13 2008		
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 EXAMINER		
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		
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		
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		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date 10-22-08 Daytime Phone # 904-260-9595			