2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 30, 2008
Secretary of State

DOCUMENT# L07000119263

Entity Name: ALL ABOUT SMILES, ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS, LLC

Current Principal Place of Business:

595 OAK COMMONS BLVD
STE C
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

595 OAK COMMONS BLVD
STE C
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

MENDEZ, MARIA C
5015 KEENELAND CIR
ORLANDO, FL 32819 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: MARIA C. MENDEZ

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MENDEZ, MARIA C
Address: 595 OAK COMMONS BLVD - STE C
City-St-Zip: KISSIMMEE, FL 34741

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 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: MARIA C. MENDEZ MGRM 09/30/2008

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