PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 OCT -7 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2010-11 SSM

CR2E041 (1/11)

DOCUMENT # L08000079602

1. Limited Liability Company's Name

Dental Equipment Consolidators OFFLA LLC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3191 Coral Way	P.O. Box 3703
Suite, Apt. #, etc. #654	Suite, Apt. #, etc.
City & State Miami, FLA	City & State Centennel, CO
Zip 33145 Country USA.	Zip 80161 Country USA-

4. State/Country of Formation: FLA - USA.

5. Date Organized or Qualified To Do Business in Florida: 8/19/2008

6. FEI Number: 263733671 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Bryan P. Winters, P.A.

Street Address (P.O. Box Number is Not Acceptable): 3191 Coral Way.

Suite, Apt. #, Etc.: #654.

City: Miami State: FL Zip Code: 33145.

E-mail Address:

200211065522
08/15/11--01040--007 **238.75

N.Levy@Wwlegal.net
(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

200211065522
10/07/11--01011--011 **138.75

Signature of Registered Agent Bryan P. Winters Date

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	Joe Kern	6898 S. University Blvd #250	Centennel, Co 80122.
Mgr.	James W. Oliver	900 Indiana Ave	Wichita Falls, Tx 76301

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager See attached Sheet Date Daytime Phone #

Typed or printed name of signing Managing Member/Manager

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Dental Equipment Consolidators OF FLA LLC.

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Suite, Apt. #, etc. #654	Suite, Apt. #, etc.
City & State Miami, FLA	City & State Centennel, Co
Zip 33145 Country USA.	Zip 80161 Country USA

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6. FEI Number: 263733671 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Bryan P. Winters, P.A.

Street Address (P.O. Box Number is Not Acceptable): 3191 Coral Way

Suite, Apt. #, Etc: # 654.

City: Miami State: FL Zip Code: 33145.

E-mail Address: N.Levy@Wweaalnet
(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent See attached Sheet Date
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	Joe Kern	6898 S. University Blvd #250	Centennel, Co 80122.
Mgr.	James W. Oliver	900 Indiana Ave	Wichita Falls, Tx 76301

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager Date 7-24-11 Daytime Phone # 940-764-8274

Typed or printed name of signing Managing Member/Manager James W. Oliver.