PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION FILED Sandra B. Mortham **FOR** Secretary of State 97 JAN 21 AM 9:37 REINSTATEMENT DIVISION OF CORPORATIONS L59217 **DOCUMENT #** 1. Corporation Name VIDEO DENTAL CONCEPTS, INC. Principal Place of Business Mailing Address % CLAUDE D. BERTHOIN % CLAUDE D. BERTHOIN 1995 MASON AV 450 8 HOVA RO +455 S NOVA RD ORMOND BEACH FL 32174 ZDAYTONA Beach 3217 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address 3. New Mailing Office Address, If Applicable pplicable Date Incorporated or Qualified To Do Business in Ftorida 03/19/1990 Suite, Apt. #, etc. Suite, Apt. #, etc. came 5. FEI Number Applied For 59-3007861 Tity & State City & State Not Applicable 6. \$8.75 Additional Fee required Country CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) and/or Directors Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip ORMOND BCH FL , 32176 BERTHOIN, CLAUDE D. PD **\$007**-JOHN ANDERSON DR 2232 000002067570=-8 -01/24/97--01041--011 ****375.00 ****375.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name BERTHOIN, CLAUDE D. Street Address (P.O. Box Number is Not Acceptable) 455 S NOVA RD ORMOND BEACH FL 32174 Suite, Apt. #, Etc. City Zip Code State 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent : Date RECISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) No l Dept. of Revenue under S. 199.032, Florida Statutes. 12.1 certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE AND TYPED OR PR SIGNING OFFICER OR DIRECTOR

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