

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION REINSTATEMENT**      FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 06 DEC 21 PM 3:54  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # L85566

1. Corporation Name

Gibson Dental Inc.

2. Principal Office Address <b>1871 NE 163rd Street</b>		3. Mailing Office Address	
Suite, Apt. #, etc. <b>109</b>		Suite, Apt. #, etc.	
City & State <b>Miami, FL</b>		City & State	
Zip <b>33162</b>	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida <b>7/6/1990</b>	Applied For Not Applicable
5. FEI Number <b>65-0209966</b>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

CR2E081(8/05) 98-06

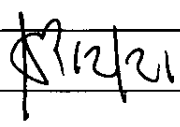
7. Name and Address of Current Registered Agent

Name <b>Kenneth Gibson</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1871 NE 163rd Street</b>	
Suite, Apt. #, Etc. <b>109</b>	
City <b>Miami</b>	State / Zip Code <b>FL 33162</b>


8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  Date **12/18/06**  
 REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	Kenneth Gibson	1871 NE 163rd St	Miami, FL 33162
			400082709824 12/21/06--01036--003 **1950.00

10. I 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:  Kenneth Gibson      Date **12/18/06**      Daytime Phone # **305-354-2213**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR