

# MD1000002753

APPROVED  
AND  
FILED 10/3

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # MD1000002753

1. Limited Liability Company's Name

Doral Solutions, LLC

**REINSTATEMENT**

2003 -  
2004

2. Principal Office Address		3. Mailing Office Address	
12121 North Corporate Parkway		Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Mequon, WI			
Zip	Country	Zip	Country
53092	Ozaukee		

4. State/Country of Formation	
Wisconsin	
5. Date Organized or Qualified To Do Business in Florida	
12-11-01	
6. FEI Number	Applied For
39-2040881	Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name	
CT Corporation System	
Street Address (P.O. Box Number is Not Acceptable)	
1200 South Pine Island Road	
Suite, Apt. #, Etc.	
City	State Zip Code
Plantation	FL 33324

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: Craig R. Kasten Date: 1-7-04

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
MGRM	Doral Dental USA, LLC, a Wisconsin limited liability company, its sole member	12121 North Corporate Parkway	Mequon, WI 53092

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 608.406, 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.

**DORAL DENTAL USA, LLC, a Wisconsin limited liability company**

Signature of Managing Member/Manager BY Craig R. Kasten Date 12-12-03 Daytime Phone # 262-241-7460

Typed or printed name of signing Managing Member/Manager Craig R. Kasten, Manager of Sole Member

CR2004 (10/02)



3063

Florida Department of State  
Division of Corporations  
Public Access System

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**LIMITED LIABILITY REINSTATEMENT**

**DORAL SOLUTIONS, LLC**

Certificate of Status	0
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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

January 7, 2004

DORAL SOLUTIONS, LLC  
10201 NORTH PORT WASHINGTON RD.  
MEQUON, WI 53092

SUBJECT: DORAL SOLUTIONS, LLC  
REF: M01000002753

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed on the report form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley  
Document Specialist

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