

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 12121 North Corporate Parkway Mequon, WI 53092 3. Mailing Office Address Same

4. State/Country of Formation Wisconsin 5. Date Organized or Qualified To Do Business In Florida 12-11-01 6. FEI Number 39-2040881 7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent Name: CT Corporation System Street Address: 1200 South Pine Island Road City: Plantation State: FL Zip Code: 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: [Signature] Date: 1-7-04

Table with 4 columns: Titles, Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Row 1: 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 [Signature] 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

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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2003



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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