

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000003461

FILED
Dec 16, 2007
Secretary of State

Entity Name: NATIONAL SMILE NETWORK INC

Current Principal Place of Business:

470 SW 101ST AVE
PLANTATION, FL 33324 US

New Principal Place of Business:

141 NE 3RD AVE
SUITE 305
MIAMI, FL 33132 US

Current Mailing Address:

470 SW 101ST AVE
PLANTATION, FL 33324 US

New Mailing Address:

17920 NW 81 AVE
MIAMI, FL 33015

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MARINO, BARBARANN
7771 NW 174TH TERRACE
MIAMI LAKES, FL 33015 US

Name and Address of New Registered Agent:

MARINO, BARBARANN
17920 NW 81 AVE
MIAMI LAKES, FL 33015 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BARBARANN MARINO

12/16/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KHAN, DAANISH A
Address: 470 SW 101ST AVE
City-St-Zip: PLANTATION, FL 33324 US

Title: VP () Delete
Name: MARINO, BARBARANN
Address: 7771 174TH TERRACE
City-St-Zip: MIAMI LAKES, FL 33015 US

Title: D (X) Delete
Name: GARCIA, ALEX
Address: 471 SW 101ST AVE
City-St-Zip: PLANTATION, FL 33324 US

Title: D (X) Delete
Name: KHAN, FAWZIA
Address: 470 SW 101ST AVE
City-St-Zip: PLANTATION, FL 33324 US

Title: D (X) Delete
Name: FRANK, MICHAEL
Address: 3343 LAKESIDE DRIVE
City-St-Zip: DAVIE, FL 33328 US

Title: D (X) Delete
Name: MARINO, ANA B
Address: 7771 NW 174TH TERRACE
City-St-Zip: MIAMI LAKES, FL 33015 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARANN MARINO

VP

12/16/2007

Electronic Signature of Signing Officer or Director

Date