2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# N95000003305

Entity Name: COMMUNITY DENTAL HEALTH FOUNDATION, INC.

Current Principal Place of Business:

2127 N.E. COACHMAN ROAD
CLEARWATER, FL 33765 US

New Principal Place of Business:

Current Mailing Address:

2127 N.E. COACHMAN ROAD
CLEARWATER, FL 33765 US

New Mailing Address:

FEI Number: 59-3325330 **FEI Number Applied For ( )** **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:

KERSTEIN, HARVEY
2127 N.E. COACHMAN ROAD
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

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: HARVEY KERSTEIN
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KERSTEIN, HARVEY
Address: 2127 N.E. COACHMAN RD.
City-St-Zip: CLEARWATER, FL

Title: D ( ) Delete
Name: HAYSLETT, JAMES
Address: 2127 N.E. COACHMAN RD.
City-St-Zip: CLEARWATER, FL

Title: D ( ) Delete
Name: DAVIS, MARK
Address: 1330 S. BELCHER RD.
City-St-Zip: CLEARWATER, FL

Title: D ( ) Delete
Name: HOSLEY, FRED
Address: 2127 N.E.COACHMAN RD.
City-St-Zip: CLEARWATER, FL

Title: D ( ) Delete
Name: ZABROCKI, DAVID
Address: 1601 EAST BAY DR.
City-St-Zip: LARGO, FL

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
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 for the exemption stated in Section 119.07(3)(i), 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: DAVID A. ZABROCKI D 04/26/2005
Electronic Signature of Signing Officer or Director — Date