H02000237970 7 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 DEC 17 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0000018799.

1. Corporation Name
Denticare Plus Corporation.

REINSTATEMENT 02

2. Principal Office Address	3. Mailing Office Address
14100 Palmetto Frontage Road.	
Suite, Apt. #, etc. Suite 202	Suite, Apt. #, etc.
City & State Miami lakes, FL	City & State
Zip 33016 Country USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-0995919. Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: DAISY MARTINEZ

Street Address (P.O. Box Number is Not Acceptable): 1550 WEST 84 ST.

Suite, Apt. #, Etc.: 78-79

City: HIALEAH State: FL Zip Code: 33016

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: Daisy Martinez (REGISTERED AGENT MUST SIGN) Date: 12/12/02

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
PSD	ALVAREZ, ALEXANDER J.	640 NW 166 AVE.	PEMBROKE PINES, FL 33028
V-PSD	HERRERA, EDUARDO	640 NW 166 AVE.	PEMBROKE PINES FL. 33028

10. I certify that I am an officer or director of the reactivated 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 stated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath

SIGNATURE: E Herrera 12/12/02 (305)825-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jr 12/17