AUG.31.2007 10:38AM
AUG-31-2007 09:01A FROM:BAYVIEW DENTAL & ASS 9544890004

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 AUG 31 PM 12:06

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000044287

1. Corporation Name

DR. SMILE, INC.

2. Principal Office Address - No P.O. Box # 1600 E ATLANTIC BLVD
Suite, Apt. #, etc.
City & State: POMPANO BEACH, FL
Zip: 33060 Country: USA

3. Mailing Office Address 1600 E ATLANTIC BLVD
Suite, Apt. #, etc.
City & State: POMPANO BEACH, FL
Zip: 33060 Country: USA

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number ☒ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

PHILIP A. PINE
1600 E ATLANTIC BLVD
Suite, Apt. #, Etc.
City: POMPANO BEACH, FL State: FL Zip Code: 33060

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above-named corporation, am familiar with and accept the obligations of section 607.0500 or 617.0500, F.S.

Signature of Registered Agent: _____ Date 8/30/07
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and Director of the reinstated corporation; corporations must list at least one officer:

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	PHILIP A. PINE	1600 E ATLANTIC BLVD	POMPANO BEACH, FL 33060

B 8/31/07

REINSTATEMENT 01-07

10. I certify that I am an officer or director of the reviver 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 contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ 8/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Page 2 of 2

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : GREENSPOON MARDER, P.A.
Account Number : 076064003722
Phone : (407)422-6583
Fax Number : (954)343-6962

CORPORATION REINSTATEMENT

DR. SMILE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	~~$1,650.00~~

$850.00

Electronic Filing Menu Corporate Filing Menu Help

Per conversation with Ms. Debbie Opperude with Greenspoon Marder, P.A. use $300 that was applied in 2002 toward the $1,050. balance.