PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUN 17 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000057626

1. Corporation Name
Applied Dental Products, Inc.

2. Principal Office Address	3. Mailing Office Address
1401 Bayshore Drive	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Niceville, FL	
Zip / Country	Zip / Country
32578 / USA	

4. Date Incorporated or Qualified To Do Business in Florida: June 7, 2000

5. FEI Number: 65-1015294 ☐ 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: Sherrill F. Lindquist

Street Address (P.O. Box Number is Not Acceptable): 1401 Bayshore Drive

Suite, Apt. #, Etc.:

800056127448
06/14/05--01011--011 **1[illegible]8.75

City: Niceville | State: FL | Zip Code: 32578

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: Sherrill F. Lindquist
REGISTERED AGENT MUST SIGN

Date: June 3, 2005

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
Pres	Sherrill F. Lindquist	1401 Bayshore Drive	Niceville, FL 32578
Treas	Ronald V. Vanke	5094 Longrifle Drive	Westerville, OH 43081
Sec	Allyson G. Lindquist	1401 Bayshore Drive	Niceville, FL 32578
Assista	Kenneth A. Gamble	One East Livingston Avenue	Columbus, OH 43215
			02-05

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

SIGNATURE: Sherrill F. Lindquist — June 3, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #