

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000067961

1. Corporation Name

PERIODONTICS & IMPLANTOLOGY OF
PEMBROKE PINES, INC

2. Principal Office Address

2213 N UNIVERSITY DR

Suite, Apt. #, etc.

STE B

City & State

PEMBROKE PINES, FL

Zip

33024-3611

3. Mailing Office Address

2213 N UNIVERSITY DR

Suite, Apt. #, etc.

STE B

City & State

PEMBROKE PINES, FL

Zip

33024-3611

REINSTATEMENT DL-05

4. Date Incorporated or Qualified
To Do Business in Florida

6-22-2000

5. FEI Number

65-1027688

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$0.75 Additional Fee required
for a Legal child of Successor

7. Name and Address of Current Registered Agent

Name

DENISE A YOUNG

Street Address (P.O. Box Number is Not Acceptable)

2213 N UNIVERSITY DRIVE

Suite, Apt. #, Etc.

STE B

City

PEMBROKE PINES

State

FL

Zip Code

33024-3611

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

REGISTERED AGENT MUST SIGN

Date 01/14/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	DENISE A YOUNG	2213 N UNIVERSITY DRIVE STE B	PEMBROKE PINES, FL 33024

P00045031838

01/19/05--01050--001 **750.0

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

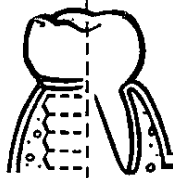
Date

01/14/05

Daytime Phone #

954 987 0585

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Periodontics and Implantology of Pembroke Pines

2213 N. University Drive, Suite B Pembroke Pines, FL 33024 Telephone: (954) 987-0585 Fax: (954) 966-0411

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399
January 13th, 2005

Dear Sir/ Madam,

I am Denise A. Young- Brady (I have married Dwight O. Brady since opening the company), the registered agent for Periodontics and Implantology of Pembroke Pines. I have just been made aware that the company's status with the State is, in fact, delinquent. I was not aware that I should have been filing annual reports and paying fees.

My accountant has informed me that I should have been receiving reminders in the mail. I have not received one in the last four years. If you could check your database to ensure that our address is correct and has a suite number, I would be grateful. The postman will not deliver the mail to us unless the proper suite number is evident.

Sincerely,

A handwritten signature in cursive script, appearing to read "Denise A. Young- Brady".

Denise A. Young- Brady, DDS