
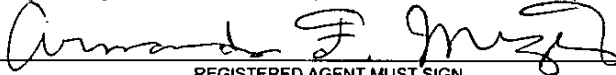



1082

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>		<b>FILED</b> <b>05 SEP 23 AM 1:21</b> <b>CLERK OF THE COURT</b>	
<b>DOCUMENT #</b> P01000000133					
<b>1. Corporation Name</b> ARTISTIC DENTAL STUDIO, INC.					
<b>2. Principal Office Address</b> 1434 Admiral Woodson Lane		<b>3. Mailing Office Address</b> 1434 Admiral Woodson Lane			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Clearwater, Florida		<b>City &amp; State</b> Clearwater, Florida			
<b>Zip</b> 33755	<b>Country</b> U.S.A.	<b>Zip</b> 33755	<b>Country</b> U.S.A.	<b>4. Date Incorporated or Qualified To Do Business in Florida</b>	
<b>5. FEI Number</b> 59-3760074				<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee required for a Certificate of Status</b>	
<b>7. Name and Address of Current Registered Agent</b>					
<b>Name</b> Armando F. Mizio					
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 25400 U.S. Hwy. 19 North					
<b>Suite, Apt. #, Etc.</b> Suite 210					
<b>City</b> Clearwater				<b>State</b> FL	<b>Zip Code</b> 33763
<b>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.</b>					
<b>Signature of Registered Agent</b> 				<b>Date</b> September 21, 2005	
<b>REGISTERED AGENT MUST SIGN</b>					
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>					
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>		
PSTD	Prucher, Stephen P.	1434 Admiral Woodson Lane	Clearwater, Florida 33755		
<b>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.</b>					
<b>SIGNATURE:</b> 				<b>Stephen P. Prucher</b> 09/21/05 (727) 742-3368	
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>				<b>Date</b>	<b>Daytime Phone #</b>

**REINSTATEMENT** 02-05

09/23/05--01042--020 \*\*750.00

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**ARTISTIC DENTAL STUDIO, INC.**  
**1434 Admiral Woodson Lane**  
**Clearwater, Florida 33755**  
**Telephone (727) 742-3368**

September 21, 2005

State of Florida  
Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, Florida 32314-6327

To Whom It May Concern:

Per my telephone conversation today with your Reinstatement Section, enclosed is my signed Reinstatement Application for "Artistic Dental Studio, Inc." Document Number P01000000133. and my check in the amount of seven hundred & fifty dollars (\$750.00), which includes the filing fee for the 2006 Uniform Business Report.

I had moved from my previous address 646 Union Street, Dunedin, Florida 34698 and did not receive any notification of the Corporation's Annual Report.

Thank you in advance for your kind consideration in this matter. If you have any questions, please do not hesitate to contact me.

SPP:am

Sincerely yours,



Stephen P. Prucher  
President

Encl.