

Apr 20 05 10:01p

Dental Temps Of Palm Bch

(561) 752-3989

P. 1082

04/21/2005 09:08 FAX 561 278 3859

PERRY&KERN.P.A.


APPROVED  
AND  
FILED

0002

PLEASE READ ALL INSTRUCTIONS BEFORE CO

05 MAY 11 AM 8:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

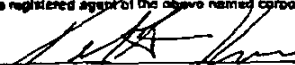
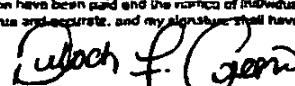
|   |                       |  |                       |
|---|-----------------------|--|-----------------------|
| <b>CORPORATION<br/>REINSTATEMENT</b>                          |                       |  <b>FLORIDA DEPARTMENT OF STATE<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b> |                       |
| <b>DOCUMENT #</b> 001000016869                                |                       |  |                       |
| 1. Corporation Name<br>Dental Temps Of The Palm Beaches, Inc. |                       |  |                       |
| 2. Principal Office Address<br>11062 South Military Trail     |                       | 3. Mailing Office Address<br>11062 South Military Trail  |                       |
| Suite, Apt. #, etc.<br>Suite 416                              |                       | Suite, Apt. #, etc.<br>Suite 416   |                       |
| City & State<br>Boynton Beach, Florida                        |                       | City & State<br>Boynton Beach, Florida   |                       |
| Zip<br>33436  | Country<br>Palm Beach | Zip<br>33436   | Country<br>Palm Beach |

WDS-22455

REINSTATEMENT 03-05

MRS

|   |                               |
|---|-------------------------------|
| 7. Name and Address of Current Registered Agent                           |                               |
| Name<br>Keith D. Kern, Esq., Perry & Kern, P.A.                           | 400055195544                  |
| Street Address (P.O. Box Number is Not Acceptable)<br>50 SE Fourth Avenue | 05/24/05--01065--020 **400.00 |
| Suite, Apt. #, Etc.   |                               |
| City<br>Delray Beach  | State<br>FL                   |
|   | Zip Code<br>33483             |

|   |                                   |  |                              |
|---|-----------------------------------|--|------------------------------|
| 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<br>  |                                   | Date<br>4/21/05                                |                              |
| REGISTERED AGENT MUST SIGN  |                                   |  |                              |
| 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   | Deborah F. Green                  | 11062 South Military Trail, Suite 416          | Boynton Beach, FL 33438      |
|   |                                   |  | 400055195544                 |
|   |                                   |  | 05/24/05--01065--021 **58.75 |
|   |                                   |  |                              |
|   |                                   |  |                              |
|   |                                   |  |                              |
| 10. I certify that I am an officer or director of 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 affirmatively stated, 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 records of individuals listed on this form do not qualify for an exemption under section 119.07(2)(f), 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:<br>   |                                   | 4/21/05 561-752-3883                           |                              |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR   |                                   | Deborah F. Green                               |                              |

20f2

DENTAL TEMPS OF THE PALM BEACHES, INC.  
11062 South Military Trail  
Suite 416  
Boynton Beach, FL 33436  
(561) 752-3883

April 21, 2005

Via Federal Express

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: Corporation Re-Instatement  
Dental Temps of the Palm Beaches, Inc.

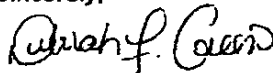
To Whom It May Concern:

I have only recently become aware that the above referenced corporation was administratively dissolved in September of 2003. My corporation is relatively new, so I am not that familiar with the filing process for the corporate status in Florida. I was under the assumption that my accountant handled these types of matters. In addition, the actual annual report was never shown to me by my accountant nor did I receive it at the business mailing address, so I did not even know of the existence of such forms.

I realize that as a savvy business woman I should be more familiarized with the corporate filing laws of Florida and do intend to do so; however, at this time I would kindly ask the State to allow me to file an my annual report late and reinstate my corporation. I am enclosing a check for Four Hundred (\$400.00) Dollars which is the fee for such instances. Please let me know if you need any further documentation.

Your prompt attention and assistance in this matter is greatly appreciated.

Sincerely,



DEBORAH F. GREEN

Enclosure(s)