

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAY -7 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000065615

1. Corporation Name

Dental Express Corporation

2. Principal Office Address

6001 NW 153rd Street

3. Mailing Office Address

2300 West Sample Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Lakes FL

City & State

Pompano Beach FL

Zip

33014

Country

Dade

Zip

33073

Country

Broward

4. Date Incorporated or Qualified

To Do Business in Florida 07/03/01

5. FEI Number

65-1123605

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

Gabriel Harden

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

6001 NW 153rd Street

Suite, Apt. #, Etc.

City

Miami Lakes

State

FL

Zip Code

33014

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

Gabriel R. Harden
REGISTERED AGENT MUST SIGN

Date 04/28/04

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
PSD	Gabriel Harden	6001 NW 153rd ST	Miami Lakes FL 33014

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

04/28/04

Date

305-828-8001

Daytime Phone #

CR2E081 (01/04)

Dental Express Corporation
6001 NW 153rd Street
Miami Lakes, FL 33014

Tuesday, April 27, 2004

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom it May Concern:

Enclosed is a check for \$458.75 covering the annual report fees for the years 2002, 2003 and 2004 along with a Corporation Reinstatement Form. Also enclosed is an additional \$8.75 for a certificate of status.

The Company relocated it's offices in 2002 and never received notification that the annual report was due. It was not until this past week that we realized that the Company had been dissolved.

Based on the foregoing we would appreciate if you can reinstate the Company to good standing without penalty.

Sincerely,



Gabriel Harden, President