

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

000102635980
05/16/07--01027--016 **450.00

DOCUMENT # P01000120229

1. Corporation Name

VBBS DENTAL MANAGEMENT, INC.

FILED
2007 APR 23 11:10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 05-07
CR2E08T (1/07)

2. Principal Office Address - No P.O. Box #
2601 S. BAYSHORE DRIVE

3. Mailing Office Address
2601 S. BAYSHORE DRIVE

Suite, Apt. #, etc.
760

Suite, Apt. #, etc.
760

City & State
COCONUT GROVE

City & State
COCONUT GROVE

Zip Country
FL 33133 USA

Zip Country
FL 33133 USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
26-0046204

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
EUGENE SAUNDERS

Street Address (P.O. Box Number is Not Acceptable)
11120 N. KENDALL DRIVE

Suite, Apt. #, Etc.
SUITE 201

City
MIAMI

State Zip Code
FL 33176

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date 3/26/07

REGISTERED AGENT MUST SIGN

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
DP	VALERIA BRAGA	90 ALTON ROAD APT. 2601	MIAMI BEACH, FL 33139

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 contained in Chapter 119, 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

3/26/07

Date

Daytime Phone #