2011 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 03, 2011
Secretary of State

DOCUMENT# P02000040684

Entity Name: MEDPLEX DENTAL INC

Current Principal Place of Business:

7350 SANDLAKE COMMONS BLVD, STSE 1121
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

7350 SANDLAKE COMMONS BLVD, STSE 1121
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 30-0067747 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASTELLINI, MATILDE F
7350 SANDLAKE COMMONS BLVD, STSE 1121
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MATILDE CASTELLINI
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: CASTELLINI, MATILDE F
Address: 6347 COOPERS GREEN
City-St-Zip: ORLANDO, FL 32819

Title: DV
Name: CASTELLINI, LARRY J
Address: 8202 SANDBERRY BLVD
City-St-Zip: ORLANDO, FL 32819

Title: S
Name: CASTELLINI, MARCO P
Address: 5537 SCARAMUECHE LN
City-St-Zip: ORLANDO, FL 32821

Title: T
Name: CASTELLINI, LAURA P
Address: 7350 SANDLAKE COMMONS BLVD, STSE 1121
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LARRY CASTELLINI DV 10/03/2011
Electronic Signature of Signing Officer or Director — Date