2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 06, 2004
Secretary of State

DOCUMENT# P03000022072

Entity Name: DISCOUNT DENTAL PROGRAMS, INC.

Current Principal Place of Business:

P.O. BOX 1829
NAPLES, FL 34106

New Principal Place of Business:

5433 NORTH AIRPORT ROAD
108
NAPLES, FL 34109

Current Mailing Address:

P.O. BOX 1829
NAPLES, FL 34106

New Mailing Address:

5433 NORTH AIRPORT ROAD
108
NAPLES, FL 34109

FEI Number: 87-0688673 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAN FILIPPO, PAUL
1100 5TH AVENUE SOUTH
SUITE 405
NAPLES, FL 34102 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: _____

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR ( ) Change (X) Addition
Name: OSBORN, LEN
Address: 5433 NORTH AIRPORT ROAD #108
City-St-Zip: NAPLES, FL 34109 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LEN OSBORN MR 12/06/2004

Electronic Signature of Signing Officer or Director — Date