2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 17, 2007
Secretary of State

DOCUMENT# P03000050675

Entity Name: DENTAL SERVICES PLUS, INC.

Current Principal Place of Business:

5376 WEST 16 AVE.
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

20500 W. COUNTRY CLUB DR.
405
AVENTURA, FL 33180

New Mailing Address:

5376 WEST 16 AVE.
HIALEAH, FL 33012

FEI Number: 92-0193018 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANNS, RENATE E
20500 W. COUNTRY CLUB DR.
405
AVENTURA, FL 33180 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: RENATE E. MANNS

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: PD ( ) Delete
Name: MANNS, RENATE E
Address: 20500 W. COUNTRY CLUB DR. #405
City-St-Zip: AVENTURA, FL 33180

Title: VD (X) Delete
Name: ETCHEVERRY, MARIO L
Address: 20500 W. COUNTRY CLUB DR. #405
City-St-Zip: MIAMI, FL 33180

Title: VD ( ) Delete
Name: BRUGGISSER, ARTHUR
Address: 8150 CLEARY BLVD.
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SH (X) Change ( ) Addition
Name: BRUGGISSER, ARTHUR
Address: 8150 CLEARY BLVD.
City-St-Zip: PLANTATION, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: RENATE E. MANNS PD 09/17/2007

Electronic Signature of Signing Officer or Director — Date