

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 JUN 13 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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06/13/07--01032--009 **300.00

7/8/05 CR2E081 (1/07) 90020 002 150-00

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000101913

1. Corporation Name
DENTAL INSTITUTE FOR ADVANCED TRAINING, INC.

2. Principal Office Address - No P.O. Box # 4725 Bloomingdale Ave		3. Mailing Office Address 4725 Bloomingdale Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Valrico, FL		City & State Valrico, FL	
Zip 33594	Country USA	Zip 33594	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 9/8/03

5. FEI Number 57-1185259 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
Randall V. Talaski

Street Address (P.O. Box Number is Not Acceptable)
4725 Bloomingdale Ave

Suite, Apt. #, Etc.

City Valrico, FL State FL Zip Code 33594

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 Randall V. Talaski Date 7/8/07
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
PD	Randall V. Talaski	4725 Bloomingdale Ave	Valrico, FL 33594

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: Randall V. Talaski Date 7/8/07 Daytime Phone # 813-343-9589
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13 am