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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		05 APR 11 AM 8:22 TALLAHASSEE, FLORIDA	
DOCUMENT # <u>P93000025691</u>					
1. Corporation Name <u>DERICK DENTAL CARE P.A.</u>					
2. Principal Office Address <u>2633 West S.R. 434</u>			3. Mailing Office Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <u>Longwood FL</u>			City & State		
Zip <u>32779</u>	Country <u>Seminole</u>	Zip	Country	4. Date Incorporated or Qualified To Do Business in Florida	
				5. FEI Number <u>593179014</u>	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75-Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name <u>Anthony C. Derrick</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>2633 West S.R. 434</u>					
Suite, Apt. #, Etc.					
City <u>Longwood</u>					
State <u>FL</u>					
Zip Code <u>32779</u>					
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 <u>[Signature]</u> Date <u>4-7-05</u>					
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	
<u>Pres</u>	<u>Anthony C. Derrick</u>	<u>202 River View Dr</u>		<u>Longwood FL 32779</u>	
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 under section 119.07(3)(i), 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: <u>[Signature]</u> Date <u>4-7-05</u> Daytime Phone # <u>407-788-8400</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E081 (01/05)

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Derrick
Dental
Care, P.A.

4-7-05 202

To whom it may Concern:

I'm asking you to waive the reinstatement
fee for corporate registration due to the
fact that I did not receive them. I
moved from my former office:
931 S.R. 434 Altamonte Springs FL

to
2633 West S.R. 434 Longwood FL
in June of 2002.

Thanks for your consideration.

enclosed

check #2516 for reinstatement

Anthony C. Derrick, DDS

2633 W. State Road 434

Longwood

FL 32779

www.DerrickDentalCare.com

(407) 788-8400

fax(407) 682-4659