


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

<p><b>APPLICATION FOR REINSTATEMENT</b></p>	 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>	<p><b>APPROVED AND FILED</b></p> <p>1997 FEB -5 AM 8:58</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>
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**DOCUMENT #** P93000081723

1. Corporation Name  
**The Florida Dental Team, P.A.**

Principal Place of Business	Mailing Address
5210 Linton Blvd. Suite 207 Delray Bch., FL 33484	4100 N. Powerline Rd. Suite F1 Pompano Beach, FL 33073

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
		4100 N. Powerline Rd.		11/22/93	
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. FEI Number	
		Suite F1		59-3213169	
City & State		City & State		Applied For	
Pompano Bch., FL 33073		Pompano Bch., FL 33073		Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status.	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PTSD	David G. Parker	4100 N. Powerline Rd.	Pompano Bch, FL 33073

**REINSTATEMENT** *alred 2/10/97*

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
George P. Russell 2739 U.S. Highway 19 Suite 300 Holiday, FL 34691	Name <b>Dr. Richard S. Sokol</b>
	Street Address (P.O. Box Number is Not Acceptable) <b>4100 N. Powerline Rd.</b>
	Suite, Apt. #, Etc. <b>Suite F1</b>
	City <b>Pompano Beach</b>
	State <b>FL</b>
	Zip Code <b>33073</b>

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *[Signature]* REGISTERED AGENT MUST SIGN Date: 1/15/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

*David G. Parker DDS*

**SIGNATURE:** David G. Parker, Pres. **12/30/96** Date Daytime Phone #

CPRE040 (12/95)