

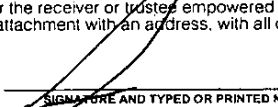


2007 FOR PROFIT CORPORATION REINSTATEMENT

| | | | | | |
|--|--|---|---|---|--|
| DOCUMENT # P93000088140 1. Entity Name BAYVIEW DENTAL ASSOCIATES, P.A. | | | |  | |
| Principal Place of Business 2633 E. COMMERCIAL BLVD. FT. LAUDERDALE, FL 33308 | | | | Mailing Address 1160 NW 10TH WAY PLANTATION, FL 33322 | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address 2633 E. Commercial Blvd Suite, Apt. #, etc. | | 2007 APR 25 10:05 SECRET TALLAHASSEE, FLORIDA  | |
| City & State FL | | City & State FL | | 4. FEI Number 65-0461148 | |
| Zip 33308 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PORTLEY, PETER A 2211 EAST SAMPLE ROAD STE 204 LIGHTHOUSE POINT, FL 33064 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$300.00 | | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE D <input checked="" type="checkbox"/> Delete NAME CARDOUNEL, ALEX STREET ADDRESS 2633 E. COMMERCIAL BLVD. CITY-ST-ZIP FT. LAUDERDALE, FL 33308 | | | TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Philip A. Pine STREET ADDRESS 2633 E. Commercial Blvd. CITY-ST-ZIP Ft. Lauderdale FL 33308 | | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | |
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| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  | | | Philip A. Pine SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | |
| Date 4-23-07 | | | Daytime Phone # 954-782-1992 | | |