

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000053808 1. Entity Name FLORENCE DENTURE CLINIC OF WINTER HAVEN, INC.				FIL. 05 DEC -5 AM 3:06 SE STATE FLORIDA	
Principal Place of Business 304 SOUTHWEST 15TH STREET OCALA, FL 34430		Mailing Address P.O. BOX 1010 MARGO ISLAND, FL 34146 PO BOX 830968			
2. Principal Place of Business 2050 HAVENDALE BLVD NW		3. Mailing Address PO BOX 830968			
Suite, Apt. #, etc. STE. B		Suite, Apt. #, etc. _____			
City & State Winter Haven, FL		City & State OCALA FL			
Zip 33881		Country USA		11102005 REIN-P CR2E098 (6/04)	
4. FEI Number 59-3327693		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PARRY, JOHN R 304 SOUTHWEST 15TH STREET OCALA, FL 34430			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 <u>John Parry</u> (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature typed or printed name of registered agent available if applicable.</small>					
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PARRY, JOHN R 304 SOUTHWEST 15TH STREET OCALA, FL 34430 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500061911545 12/05/05--01052--011 **750.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 65	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>John Parry R.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>12/1/05</u> Daytime Phone # <u>352 620 9119</u>		