PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 JUN 17 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P95000079613

1. Corporation Name

HENNESSY DENTAL LABORATORY, INC.

2. Principal Office Address	**3.** Mailing Office Address
3965 Investment Lane	3965 Investment Lane
Suite, Apt. #, etc.: A-11	Suite, Apt. #, etc.: A-11
City & State: Riviera Beach, Florida	City & State: Riviera Beach, Florida
Zip: 33404 Country: USA	Zip: 33404 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/17/1995

5. FEI Number: 65-0613915 ☐ 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: Conrad Damon

Street Address (P.O. Box Number is Not Acceptable): 4420 Beacon Circle

Suite, Apt. #, Etc.: Suite 100

City: West Palm Beach State: FL Zip Code: 33407

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****300.00 ****300.00

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 _____ Date _____
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
DPT	Michael J. Hennessy	4801 Catalphia Avenue	P. Beach Gardens, FL 33410
DVPS	Dawn D. Kovac, DDS	4801 Catalphia Avenue	P. Beach Gardens, FL 33410
			201.25 - AR
			10.00 - ARARTS
			88.75 - ARSUP

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: _____ 6/10/02 561 844-5900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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LAW OFFICES
WARD · DAMON
& POSNER
PROFESSIONAL ASSOCIATION

4420 BEACON CIRCLE
WEST PALM BEACH, FL 33407

TEL: (561) 842-3000 • FAX: (561) 842-3626

Conrad Damon
E-mail: cdamon@warddamon.com

June 10, 2002

Department of State
Division of Corporations
Reinstatements
P. O. Box 6327
Tallahassee, FL 32314

Re: Hennessy Dental Laboratory, Inc.

To Whom It May Concern:

In accordance with my telephone conversation with your office on June 5, 2002, I am enclosing the Reinstatement Application for the above corporation, along with a check. In the amount of 300.00 for the reinstatement fee. I was advised by your office that the reinstatement fee was this amount since the 2001 Uniform Business Report was returned last year to your office.

Thank you for your cooperation with this matter, and please let me know if you require anything further for this corporation's reinstatement.

Very truly yours,

Geri Jenkins

Geri Jenkins,
Legal Assistant to Conrad Damon

/gaj
Enclosures

cc: Hennessy Dental Laboratory, Inc.

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