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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
05 OCT 13 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000044192

1. Corporation Name
GENTLE FAMILY DENTISTRY, INC.

W05-45710

2. Principal Office Address 1127 SO. UNIVERSITY DR. Suite, Apt. #, etc.		3. Mailing Office Address 1127 SO. UNIVERSITY DR. Suite, Apt. #, etc.	
City & State PLANTATION, FLORIDA		City & State PLANTATION, FLORIDA	
Zip 33324	Country BROWARD	Zip 33324	Country BROWARD

REINSTATEMENT 03-05
CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida 05/23/1996	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. FEI Number 592655484	
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 STEVEN M GILSON, D.M.D.	
Street Address (P.O. Box Number is Not Acceptable) 1127 SO. UNIVERSITY DR.	
Suite, Apt. #, Etc.	
City PLANTATION, FLORIDA	State FL
	Zip Code 33324

10/04/05--01017--009 \$151.00

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 [Signature] Date 09/28/2005

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
D	STEVEN M GILSON, D.M.D.	1127 SO. UNIVERSITY DR.	PLANTATION, FLORIDA

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: [Signature] 09/28/2005 954-424-4600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

STEVEN M. GILSON, D.M.D., P.A.

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1127 South University Drive • Plantation, Florida 33324 • (954) 424-4600

September 28, 2005

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

To Whom It May Concern:

Please find enclosed a check for \$450.00 for Corporation Reinstatement. Please waive the reinstatement fee as I never received notification for 2003.

Thank you for your cooperation.

Sincerely,



Steven M. Gilson, D.M.D.