


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 OCT 31 PM 9: 32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P96000073806</b>					
1. Entity Name <b>APPLE DENTAL GROUP, INC.</b>					
Principal Place of Business <b>11 NORTH ROYAL POINCIANA, #200 MIAMI SPRINGS, FL 33166</b>			Mailing Address <b>11 NORTH ROYAL POINCIANA, #200 MIAMI SPRINGS, FL 33166</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-0691321</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>RODRIGUEZ, LUIS DDS 11 NORTH ROYAL POINCIANA, #200 MIAMI SPRINGS, FL 33166</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>			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 NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, LUIS DDS 11 NORTH ROYAL POINCIANA, #200 MIAMI SPRINGS, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300061247363 11/08/05--01022--008 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RODRIGUEZ, LUCERO 11 NORTH ROYAL POINCIANA, #200 MIAMI SPRINGS, FL 33166 <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		
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		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date <b>10/27/05</b> Daytime Phone # _____					

Miami Florida

OCTOBER 7<sup>th</sup>, 2005.

Florida Department of State  
Division of Corporation.  
P. O. Box 6327  
Tallahassee, Fl. 32314

Re: 2005 Uniform Business Report

**APPLE DENTAL GROUP INC.** P96000073806  
Dear Sir;

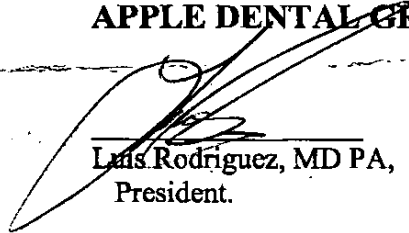
Enclosed please find 2005 UNIFORM BUSINESS REPORT for the annual Corporate Report. Enclosed is my ck. # for the amount of \$150.00, to paid the above Annual fee and for year 2005.

Please accept this payment as of today, because we mail the remainder little card, with no changes but our company did not get back the actual annual report form and any notice of payment after this.

If you need any more information please do not hesitate to contact me.

Sincerely yours,

**APPLE DENTAL GROUP INC**



Luis Rodriguez, MD PA,  
President.