PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 DEC 19 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # P97000108159

1. Corporation Name

Dental Opportunities, P.A.

1999-2001 UBR

2. Principal Office Address		3. Mailing Office Address	
8602 S.R. 200		8602 S.R. 200	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite P		Suite P	
City & State		City & State	
Ocala, FL		Ocala, FL	
Zip	Country	Zip	Country
34481		34481	

4. Date Incorporated or Qualified To Do Business in Florida: 12/26/97

5. FEI Number: 59-3408017 ☐ 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: Thomas Harter

100004743531--1
-12/31/01--01005--025
****450.00 *****8.75

Street Address (P.O. Box Number is Not Acceptable): 8602 S.R. 200

Suite, Apt. #, Etc.: Suite P

City: Ocala State: FL Zip Code: 34481

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

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/P/S	Thomas Harter	8602 S.R. 200, Suite P	Ocala, FL 34481

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: Thomas Harter Pres. 18 Dec 01 352-873-1335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #