PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT	FLORICA DEPARTMENT OF STATE Secretary of State LIVISION OF CORPORATIONS	Dec 14, 2007 8:00 A.M. Secretary of State
DOCUMENT # P9800 1. Corporation Name Florida Denta 2702 SN W	1 Health CARE, INC	
M(AMI FI 2. Principal Office Address - No P.O. Box # 2012 NW 15T Suite, Apt. #, etc.	33 / 25 3. Mailing Office Address 2002 NW0ST Suite, Apl. #, etc.	300113370398 12/24/0701039016 **600.00 CR2E081 (1/07)
City & State Migmi, Fl Zio 33145 Country USA	City & Gigne Fl Zip 33125 Country USA	To Do Business in Florida 5. FEI Number 6.5 - 78 43 320 Selection of Exercising Selection of Exercis
Street Address (P.O. Box Number is Not Accepta 1090354	1 153 COURT	The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
8. I, being appointed the registered agent at the Signature of Registered Agent	above named corporation, am familiar with and accept the or	Obligations of section 607,0505 or 617,0504, F.S.
9. Names and Street Addresses of Each Office	r and/or Directo (Ftorida nonprofit corporations must list at l	east 3 directors)
Titles Officers and/or Direct	Street Address of Eac ctors Officer and/or Direct	
PSTD Silvin MD VPD Ignacio RA		- 144
REINSTA RI	TEMENT 12-07	
this reinstatement application, the reason for owed by the corporation have been paid and on this application is true and accurate, and	receiver or trus ee empowered to execute this application as a dissolution has been eliminated, the corporate name satisfied the names of individuals listed on this form do not qualify to my signature shall have the same legal effect as if made un or name of the same legal effect as if made un or name of the same legal effect as if made un or name of the same legal effect as if made un	s provided for in chapter 607 or 617, F.S. I further certify that when filling es the requirements of section 607,0401 or 617,0401, F.S., that all fees or an exemption contained in Chapter 119, F.S. The Information indicated der oath. 1

December 11, 2007

From Florida Dental Heath Care, Dr. Dort P98000053808

Please accept our check for the full payment of Clenstating the Corporation. We were not aware that it had being dissolved and did not received any notice that of any perding amount due.

Your corpliation in accepting this anomit will be greatly appreciated in order to reinstall our corporation

Your Truly

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