PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		**FLORIDA DEPARTMENT OF STATE** Secretary of State DIVISION OF CORPORATIONS	FILED 05 JUL 25 PM 3: 01 SECRET... ... ... TALL... ... ...

DOCUMENT

1. Corporation Name

LOCKWOOD DENTAL, PA.
DOCUMENT# P98000070871

2. Principal Office Address 1013 LOCKWOOD BLVD.	**3.** Mailing Office Address 1013 LOCKWOOD BLVD.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State OVIEDO, FL	City & State OVIEDO, FL	**4.** Date Incorporated or Qualified To Do Business in Florida AUGUST 13, 1998

Zip 32765	Country USA	Zip 32765	Country USA

5. FEI Number 59-3526164 | 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
YARKO, GEORGE A

Street Address (P.O. Box Number is Not Acceptable)
11780 E. COLONIAL DR.

Suite, Apt. #, Etc.

City ORLANDO	State FL	Zip Code 32817

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 7/20/05

REGISTERED AGENT MUST SIGN

CRZE081 (01/05)

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
PD	YARKO, GEORGE A.	1013 LOCKWOOD BLVD.	OVIEDO, FL 32765
S	SIMPSON, MICHAEL	1013 LOCKWOOD BLVD.	OVIEDO, FL 32765
			40 005 7864 764 07/25/05--01069--002 **1350.00

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: _____   7/20/05   407282-2101

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