FILED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

00 DEC 18 PM 1:43

CORPORATION REINSTATEMENT

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

DOCUMENT # P99000088900

1. Corporation Name
THE SMILE CENTRE OF VENICE, P.A.

REINSTATEMENT DD

2. Principal Office Address	3. Mailing Office Address
5899 Whitfield Avenue	5899 Whitfield Avenue
Suite, Apt. #, etc. Palm Aire Plaza, Suite 105	Suite, Apt. #, etc. Palm Aire Plaza, Suite 105
City & State Sarasota, Florida	City & State Sarasota, Florida
Zip 34243 Country USA	Zip 34243 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 10/04/99

5. FEI Number 65-0952099 ☐ 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: David M. Silberstein, Esq.

Street Address (P.O. Box Number is Not Acceptable): c/o Kirk Pinkerton, 720 South Orange Avenue

Suite, Apt. #, Etc.:

City: Sarasota State: FL Zip Code: 34236

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 12/18/00

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
P	Richard A. Stanley, D.M.D.	5899 Whitfield Ave.	Sarasota, Florida 34243

PREPARED BY: David M. Silberstein, Esq.
Kirk Pinkerton
720 South Orange Avenue
Sarasota, Florida 34236
(941) 364-2481
Atty. Bar #0436879

AD

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.

FAX AUDIT#H00-656

SIGNATURE: _____ (941)351-4468 12/18/00

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

Richard A. Stanley, D.M.D.