

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg 1 of 2

FILED

03 MAY -2 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800017876648
05/02/03--01049--020 **300.00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

02-03

DOCUMENT # P99000092965

1. Corporation Name

KEY DENTAL, INC.

2. Principal Office Address

3701 ANDREW JACKSON DR

3. Mailing Office Address

3701 ANDREW JACKSON DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PACE FL

City & State

SAME

Zip

32571

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3610819

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

VINCENT J. FARRUGIA

Street Address (P.O. Box Number is Not Acceptable)

3701 ANDREW JACKSON DR

Suite, Apt. #, Etc.

City

PACE

State

FL

Zip Code

32571

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

4/28/03

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
PRES	VINCENT J. FARRUGIA	3701 ANDREW JACKSON DR	PACE, FL 32571
SEC	VINCENT J. FARRUGIA	3701 ANDREW JACKSON DR	PACE, FL 32571

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V. J. FARRUGIA

Date

4/28/03

Daytime Phone #

850-994-2044

CR2E081 (10/02)

215/5

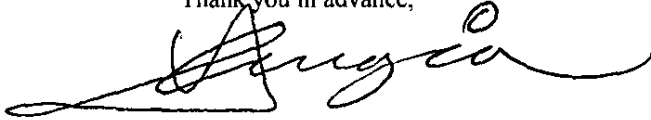
Ag 2062

RE: reinstatement of Key Dental FEI:59-3610819

To whom it may concern,

Enclosed is the completed reinstatement form. This company was dissolved due to non receipt of the necessary forms. This came to my attention when I received other Uniform business Reports for other companies which I am a registered agent and I did not receive one for Key Dental. I immediately called and requested this reinstatement form and was told to write a letter and send \$300 with the application.

Thank you in advance,

A handwritten signature in black ink, appearing to read "Vince Farrugia", with a long horizontal flourish extending to the left.

Vince Farrugia