PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 APR 14 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 96-06

CR2E081 (12/05)

DOCUMENT # S26768

1. Corporation Name
REBOUR DENTAL LABORATORY,INC.

W06-4515

2. Principal Office Address	3. Mailing Office Address
1857 W. Oakland Park BLVD	1857 W. Oakland Park Blvd
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A
City & State Fort Lauderdale, Florida	City & State N/A
Zip 33311 Country USA	Zip N/A Country N/A

4. Date Incorporated or Qualified To Do Business In Florida 01/01/2006

5. FEI Number 65-0254828 ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑

7. Name and Address of Current Registered Agent

Name K & T TRADING CORPORATION

Street Address (P.O. Box Number is Not Acceptable) 2340 NW 42ND AVENUE

Suite, Apt. #, Etc. N/A

City LAUDERHILL State FL Zip Code 33313

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 03/04/2006
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	REBOUR JOSE	1857 W. Oakland Park Blvd	Fort Lauderdale,FL 33311

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 contained in Chapter 119, 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: _____ 3-3-06 954 486-6218
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #