PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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REINSTATEMENT 94.0880
REC 9/6

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***1658.75 ***1658.75

1. Corporation Name

LAKES MALL DENTAL, INC.
11401 PINES BLVD. SUITE 220
PEMBROKE PINES, FL 33026

2. Principal Office Address	3. Mailing Office Address
11401 PINES BLVD.	C/O CPA P.O. BOX 6006
Suite, Apt. #, etc: SUITE 220	Suite, Apt. #, etc:
City & State: PEMBROKE PINES, FL	City & State: BOCA RATON, FL
Zip: 33026 Country: USA	Zip: 33427 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: AUG, 1992

5. FEI Number: 65-0353286 ☐ 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: DR. RONALD SLOANE
Street Address (P.O. Box Number is Not Acceptable): 11401 PINES BLVD.
Suite, Apt. #, Etc.: SUITE 220
City: PEMBROKE PINES
State: FL Zip Code: 33026

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Ronald L Sloane Date: 8/31/00

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	RONALD SLOANE	11401 PINES BLVD #220	PEMBROKE PINES, FL 33026

10. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filed 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: Ronald L Sloane Date: 8-31-00 Daytime Phone #: 954-432-555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD SLOANE