

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000002566

Entity Name: DENTAL DREAMS, LLC

**FILED**  
**Nov 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5632 NW 167TH STREET  
HIALEAH, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

5632 NW 167TH STREET  
HIALEAH, FL 33014

**New Mailing Address:**

FEI Number: 20-8223595

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CARPIO, JESUS DMD  
5632 NW 167TH STREET  
HIALEAH, FL 33014 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JESUS CARPIO

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CARPIO, JESUS DMD  
Address: 5632 NW 167TH STREET  
City-St-Zip: HIALEAH, FL 33014

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JESUS CARPIO

DR

11/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date