

**2006 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 08, 2006  
Secretary of State**

DOCUMENT# P01000038862

Entity Name: M & B ORTHODONTIC LABORATORY, INC.

**Current Principal Place of Business:**

2045 MADISON STREET  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

**Current Mailing Address:**

2045 MADISON STREET  
HOLLYWOOD, FL 33020

**New Mailing Address:**

FEI Number: 65-1141153      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MITRAN, AURELIA  
1012 NE 10TH STREET  
HALLANDALE, FL 33009      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: AURELIA MITRAN

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

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: MITRAN, AURELIA  
Address: 1012 NE 10TH STREET  
City-St-Zip: HALLANDALE, FL 33009

Title: DV ( ) Delete  
Name: BOROMBOZIN, RODICA  
Address: 1714 DEWEY STREET  
City-St-Zip: HOLLYWOOD, FL 33020

Title: DS ( ) Delete  
Name: BOROMBOZIN, MILAN  
Address: 1714 DEWEY STREET  
City-St-Zip: HOLLYWOOD, FL 33020

Title: DT ( ) Delete  
Name: MITRAN, FLOREA  
Address: 1012 NE 10TH STREET  
City-St-Zip: HALLANDALE, L 33009

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AURELIA MITRAN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DP

10/08/2006

\_\_\_\_\_  
Date