2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 16, 2009
Secretary of State

DOCUMENT# P08000092052

Entity Name: SIGMA DENTAL PROTECTIVE INSURANCE PLAN INC.

Current Principal Place of Business:

1424 RIDGE ST
KISSIMMEE, FL 34744 US

New Principal Place of Business:

Current Mailing Address:

1424 RIDGE ST
KISSIMMEE, FL 34744 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SUAREZ, SANTOS
1424 RIDGE ST
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

CARMEN, WALLIS
1424 RIDGE ST
KISSIMMEE, FL 34744 US

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: CARMEN WALLIS 11/16/2009
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: P ( ) Delete
Name: SWIDOROWICZ, ROGER
Address: 1424 RIDGE ST
City-St-Zip: KISSIMMEE, FL 34744 US

Title: VP ( ) Delete
Name: SUAREZ, SANTOS
Address: 1424 RIDGE ST
City-St-Zip: KISSIMMEE, FL 34744 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WALLIS, CARMEN
Address: 1424 RIDGE ST
City-St-Zip: KISSIMMEE, FL 34744 US

Title: VP (X) Change ( ) Addition
Name: SUAREZ, KATHERINE
Address: 1424 RIDGE ST
City-St-Zip: KISSIMMEE, FL 34744 US

I hereby certify that the information supplied with this filing does not qualify 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: CARMEN WALLIS P 11/16/2009
Electronic Signature of Signing Officer or Director Date