

**2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# V35106

**FILED  
Mar 31, 2010  
Secretary of State**

**Entity Name:** SMITH/HAIST DENTAL LABORATORY, INC.

**Current Principal Place of Business:**

2660 WEST LAKE RD  
SUITE 1  
PALM HARBOR, FL 34684 US

**New Principal Place of Business:**

**Current Mailing Address:**

2660 WEST LAKE RD  
SUITE 1  
PALM HARBOR, FL 34684 US

**New Mailing Address:**

**FEI Number:** 59-3123032      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SMITH, TIMOTHY R  
2660 W. LAKE RD.  
PALM HARBOR, FL 34684 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: TIMOTHY R. SMITH

\_\_\_\_\_  
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: PD  
Name: SMITH, TIMOTHY R.  
Address: 2660 WEST LAKE RD  
City-St-Zip: PALM HARBOR, FL

Title: VTD  
Name: HAIST, SCOTT J.  
Address: 2660 WEST LAKE RD  
City-St-Zip: PALM HARBOR, FL

I hereby 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 all other like empowered.

SIGNATURE: TIMOTHY R. SMITH

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

PRES

03/31/2010

\_\_\_\_\_  
Date