

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUL 21 PM 4:39

DOCUMENT # H67046

1. Entity Name  
J & M DENTAL LABORATORY, INC.



Principal Place of Business  
9598 GRIFFIN ROAD  
COOPER CITY, FL 33328

Mailing Address  
1065 NORTH 21ST AVENUE  
DIXIE HIGHWAY  
HOLLYWOOD, FL 33020

2. Principal Place of Business - No P.O. Box #

9598 GRIFFIN RD

3. Mailing Address

Suite, Apt., etc.

Same

Suite, Apt., etc.

City & State

Cooper City FL

City & State

Same

Zip

33328

Country

USA

Zip

Country

06062008

REIN-P

CR2E098 (1/07)

4. FEI Number

59-2565487

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KWITNEY, PAUL  
420 LINCOLN RD  
STE 512  
MIAMI BEACH, FL

7. Name and Address of New Registered Agent

Name: Jeffrey Scott Sachs

Street Address (P.O. Box Number is Not Acceptable)

3213 Ridge Trace

DAVIE, FL 33328

City

DAVIE

FL

33328

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6/10/08

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME SACHS, JEFFREY SCOTT  
STREET ADDRESS 3213 RIDGE TRACE  
CITY-ST-ZIP DAVIE, FL 33328

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME 000131363120  
STREET ADDRESS 06/16/08--01049--009 \*\*300.00  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jeffrey Scott Sachs  
Jeffrey Scott Sachs

6/9/08 9542575010

Date

Daytime Phone #