

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000079083

**FILED**  
**Oct 12, 2005**  
**Secretary of State**

**Entity Name:** DENTAL SURGERY TECHNOLOGY, LLC

**Current Principal Place of Business:**

8900 SW 117TH AVE. SUITE C-208  
MIAMI, FL 33186

**New Principal Place of Business:**

1200 FLORAL SPRINGS BLVD.  
APT. 17-106  
PORT ORANGE, FL 32129

**Current Mailing Address:**

8900 SW 117TH AVE. SUITE C-208  
MIAMI, FL 33186

**New Mailing Address:**

1200 FLORAL SPRINGS BLVD.  
APT. 17-106  
PORT ORANGE, FL 32129

**FEI Number:** 20-2308363      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

CROSA, MICHAEL L  
8900 SW 117TH AVE. SUITE C-208  
MIAMI, FL 33186 US

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

VARGAS-MARTINEZ, LUIS O  
1200 FLORAL SPRINGS BLVD.  
APT. 17-106  
PORT ORANGE, FL 32129 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: LUIS O. VARGAS MARTINEZ

10/12/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MARTINEZ, LUIS OSVALDO V  
Address: 1400 HANCOCK BOULEVARD #709  
City-St-Zip: DAYTONA BEACH, FL 321145633

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: VARGAS-MARTINEZ, LUIS O  
Address: 1200 FLORAL SPRINGS BLVD.  
City-St-Zip: PORT ORANGE, FL 32129

Title: SECY ( ) Change (X) Addition  
Name: VARGAS-BAQUERO, LUIS  
Address: 1200 FLORAL SPRINGS BLVD.  
City-St-Zip: PORT ORANGE, FL 32129

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: LUIS VARGAS-BAQUERO

SECY

10/12/2005

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