

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000061050

**FILED**  
**Jan 18, 2011**  
**Secretary of State**

**Entity Name:** HIGHLAND PARK DENTAL LAB, LLC

**Current Principal Place of Business:**

3909 OLD ROAD 37  
LAKELAND, FL 33813

**New Principal Place of Business:**

**Current Mailing Address:**

3909 OLD ROAD 37  
LAKELAND, FL 33813

**New Mailing Address:**

**FEI Number:** 20-5075565

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HARMER, KAREN L MGRM  
3909 OLD ROAD 37  
LAKELAND, FL 33813 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: KAREN L HARMER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HARMER, KAREN L MGRM  
Address: 3909 OLD RD 37  
City-St-Zip: LAKELAND, FL 33813

I hereby 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: KAREN L HARMER

MMBR

01/18/2011

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