

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000101280

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** FUTURE SMILES DENTAL ASSISTING SCHOOL, LLC

**Current Principal Place of Business:**

250 PROFESSIONAL WAY  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

250 PROFESSIONAL WAY  
WELLINGTON, FL 33414

**New Mailing Address:**

**FEI Number:** 26-1187571      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

LINDBERG, MERRY E  
1907 COMMERCE LANE  
SUITE 104  
JUPITER, FL 33458 US

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

DEBRA, TACY  
250 PROFESSIONAL WAY  
WELLINGTON, FL 33414 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: DEBRA TACY

04/28/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GRAYHILLS, LAURENCE A DMD  
Address: 250 PROFESSIONAL WAY  
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM  
Name: MOHIP, VIKRAM DMD  
Address: 250 PROFESSIONAL WAY  
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM  
Name: TACY, DEBRA  
Address: 250 PROFESSIONAL WAY  
City-St-Zip: WELLINGTON, FL 33414

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: DEBRA TACY

MGRM

04/28/2010

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