

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000034502

**FILED**  
**Nov 02, 2011**  
**Secretary of State**

**Entity Name:** PRECISION DENTAL STUDIOS, LLC

**Current Principal Place of Business:**

8777 SAN JOSE BLVD  
STE 703  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

8777 SAN JOSE BLVD  
STE 703  
JACKSONVILLE, FL 32217 US

**Current Mailing Address:**

8777 SAN JOSE BLVD  
STE 703  
JACKSONVILLE, FL 32217

**New Mailing Address:**

8777 SAN JOSE BLVD  
STE 703  
JACKSONVILLE, FL 32217 US

**FEI Number:** 27-2197435

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WATSON, TODD ATTY  
12276 SAN JOSE BLVD  
STE 721  
JACKSONVILLE, FL 32223 US

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

KIM, JACK  
8777 SAN JOSE BLVD  
STE 703  
JACKSONVILLE, FL 32217 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: JACK KIM

11/02/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: KIM, JACK B  
Address: 32 NICKLAUS DR  
City-St-Zip: ROME, GA 30165

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: JACK KIM

PRES

11/02/2011

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