

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000117327

Entity Name: AMEERZ DENTAL, P.L.

**FILED**  
**Oct 21, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

500 MELROSE AVE.  
WINTER PARK, FL 32789 US

**New Principal Place of Business:**

1245 N PARK AVE  
WINTER PARK, FL 32789 US

**Current Mailing Address:**

500 MELROSE AVE.  
WINTER PARK, FL 32789 US

**New Mailing Address:**

1245 N PARK AVE  
WINTER PARK, FL 32789 US

FEI Number: 46-1024085

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ZUFARI, AMEER  
500 MELROSE AVE.  
WINTER PARK, FL 32789 US

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

ZUFARI, AMEER  
1245 N PARK AVE  
WINTER PARK, FL 32789 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: AMEER ZUFARI

10/21/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ZUFARI, AMEER  
Address: 1245 N PARK AVE  
City-St-Zip: WINTER PARK, FL 32789

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: AMEER ZUFARI

CEO

10/21/2013

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