2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# M68215

FILED Mar 08, 2005 Secretary of State

Entity Name: JOHNSON'S DENTAL LABORATORY, INC. **Current Principal Place of Business: New Principal Place of Business:** TRAFALGAR SQUARE 1859 UNIVERSITY DRIVE CORAL SPRINGS, FL 33071 US **New Mailing Address: Current Mailing Address:** TRAFALGAR SQUARE 1859 UNIVERSITY DRIVE CORAL SPRINGS, FL 33071 US FEI Number: 65-0060260 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BAILEY, ABE E P.A THE CHASYN BUILDING 20401 NORTHWEST SECOND AVENUE, SUITE 206 MIAMI, FL 33169 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: KENNETH JOHNSON Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition JOHNSON, KENNETH Name: Name: 5325 PINE CIRCLE Address: Address: City-St-Zip: CORAL SPRINGS, FL 33067 City-St-Zip: Title: Title: () Change () Addition () Delete JOHNSON, KAREN Name: Name: 5325 PINE CIRCLE Address: Address: CORAL SPRINGS, FL 33067 City-St-Zip: City-St-Zip:

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH JOHNSON **PRES** 03/08/2005