

# 2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N13000007290

**FILED**  
**Oct 02, 2014**  
**Secretary of State**

**Entity Name:** NATIONAL ASSOCIATION FOR DENTAL INC.

**Current Principal Place of Business:**

5211 US HIGHWAY 19 SUITE 200  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

**Current Mailing Address:**

5211 US HIGHWAY 19 SUITE 200  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LANE, TOMMIE  
5211 US HIGHWAY 19 SUITE 200  
NEW PORT RICHEY, FL 34652 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: TOMMIE LANE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LANE, TOMMIE  
Address: 5211 US HIGHWAY 19 SUITE 200  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VD  
Name: LANE, CHRISTINE  
Address: 5211 US HIGHWAY 19 SUITE 200  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D  
Name: PAULES, SHERRI  
Address: 5211 US HIGHWAY 19 SUITE 200  
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TOMMIE LANE

PD

10/02/2014

Electronic Signature of Signing Officer or Director

Date