

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000004709

FILED  
Jan 03, 2005  
Secretary of State

Entity Name: FORTUNE DENTAL ASSOCIATES, INC.

## Current Principal Place of Business:

2324 FORTUNE RD  
KISSIMMEE, FL 34744

## New Principal Place of Business:

226 EAST NEW YORK AVENUE  
DELAND, FL 32724

## Current Mailing Address:

2324 FORTUNE RD  
KISSIMMEE, FL 34744

## New Mailing Address:

226 EAST NEW YORK AVENUE  
DELAND, FL 32724

FEI Number: 59-3690707

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

GRAHAM, IVAN C VP  
226 EAST NEW YORK AVENUE  
DELAND, FL 32724 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: IVAN GRAHAM

01/03/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: SEIFAN, MOTTIE  
Address: 2324 FORTUNE RD  
City-St-Zip: KISSIMMEE, FL 34744

Title: VSD ( ) Delete  
Name: GRAHAM, IVAN C  
Address: 2324 FORTUNE RD  
City-St-Zip: KISSIMMEE, FL 34744

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: IVAN GRAHAM

VP

01/03/2005

Electronic Signature of Signing Officer or Director

Date