

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000010058

1. Entity Name
BONITA DENTAL LAB, INC.



FILED
04 NOV -9 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**10915 BONITA BEACH ROAD STE 1152
BONITA SPRINGS, FL 34135**

Mailing Address
**10915 BONITA BEACH ROAD STE 1152
BONITA SPRINGS, FL 34135**

2. Principal Place of Business
10915 Bonita Bch Rd.
Suite, Apt. #, etc.
Suite 1152
City & State
Bonita Springs, FL
Zip
34135 Country
USA

3. Mailing Address
10915 Bonita Bch Rd
Suite, Apt. #, etc.
Suite 1152
City & State
Bonita Springs, FL
Zip
34135 Country
USA

10192004 REIN-P CR2E098 (6/04)

4. FEI Number
59-3691730 Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**CHYNOWETH, DAVID
10915 BONITA BEACH ROAD STE 1152
BONITA SPRINGS, FL 34135**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE *David R Chynoweth* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHYNOWETH, DAVID 4570 26TH AVE SW NAPLES, FL 34116 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600042607456 11/09/04--01072--025 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRISCOLL, JULIE PO BOX 3190 BONITA SPRINGS, FL 34133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David R Chynoweth*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #