

# **2008 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P01000023329

Entity Name: MIAMI DENTAL SUPPLY, CORP.

**FILED**  
**Dec 12, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

42 NW 27 AVE.  
SUITE 305  
MIAMI, FL 33125

**New Principal Place of Business:**

**Current Mailing Address:**

6280 SW 16 TERR.  
MIAMI, FL 33155

**New Mailing Address:**

FEI Number: 65-0165595

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FERNANDEZ, FELIX M  
6280 SW 16 TERR.  
MIAMI, FL 33155 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: FELIX MANUEL FERNANDEZ

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: P ( ) Delete  
Name: FERNANDEZ, FELIX M  
Address: 6280 SW 16 TERR.  
City-St-Zip: MIAMI, FL 33155

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: FELIX MANUEL FERNANDEZ

P

12/12/2008

Electronic Signature of Signing Officer or Director

Date