

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000051853

FILED
Jul 14, 2009
Secretary of State

Entity Name: FOWLER DENTAL STUDIO, INC.

Current Principal Place of Business:

808 E. OCEAN BLVD.
SUITE B
STUART, FL 34994

New Principal Place of Business:

10302 S. FEDERAL HWY
261
PORT ST. LUCIE, FL 34952

Current Mailing Address:

808 E. OCEAN BLVD.
SUITE B
STUART, FL 34994

New Mailing Address:

10302 S. FEDERAL HWY
261
PORT ST. LUCIE, FL 34952

FEI Number: 65-1108032

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER, HARVEY J
808 E OCEAN BLVD STE B
STUART, FL 34994 US

Name and Address of New Registered Agent:

FOWLER, HARVEY J
10571 SW LANDS END PLACE
PALM CITY, FL 34990 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: HARVEY J FOWLER

07/14/2009

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: PRES () Delete
Name: FOWLER, HARVEY J
Address: 10571 SW LANDS END PL
City-St-Zip: PALM CITY, FL 34990 US

Title: VP () Delete
Name: FOWLER, TAWNIA M
Address: 10571 SW LANDS END PL
City-St-Zip: PALM CITY, FL 34990 US

Title: SEC () Delete
Name: CHAPMAN, JOYCE E
Address: 1409 ALPINE ST. SE
City-St-Zip: DECATUR, AL 35603 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: TAWNIA M FOWLER

VP

07/14/2009

Electronic Signature of Signing Officer or Director

Date