2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000057803

Entity Name: EL SHADAY DENTAL, CORP.

FILED Nov 29, 2004 Secretary of State

US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

4011 WEST FLAGLER 9600 NW 38TH ST SUITE 504 SUITE 211

MIAMI, FL 33134 MIAMI, FL 33178 US

Current Mailing Address: New Mailing Address:

4011 WEST FLAGLER 9600 NW 38TH ST SUITE 504 SUITE 211 MIAMI, FL 33134 MIAMI, FL 33178

FEI Number: 65-1113856 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FARIA, JUAREZ GABRIEL NOGUEIRA FARIA, ADRIANA M 8675 NW 75 TERRACE, #103 3128 NW 101 PLACE MIAMI, FL 33126 US DORAL, FL 33172 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: ADRIANA M. NOGUEIRA FARIA 11/29/2004

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: D () Delete Title: D (X) Change () Addition Name: FARIA, JUAREZ GABRIEL Name: FARIA, JUAREZ GABRIEL

 Name:
 FARIA, JUAREZ GABRIEL
 Name:
 FARIA, JUAREZ GABRIEL

 Address:
 8675 NW 5 TERR. #103
 Address:
 3128 NW 101 PLACE

 City-St-Zip:
 MIAMI, FL 33126
 City-St-Zip:
 DORAL, FL 33172 US

Title: D () Delete Title: D (X) Change () Addition Name: RANGEL SANTOS, TANIA MARIA L Name: RANGEL SANTOS, TANIA MARIA L

 Address:
 8675 NW 5 TERR. #103
 Address:
 4243 NW 107 AVE STE 166

 City-St-Zip:
 MIAMI, FL 33126
 City-St-Zip:
 DORAL, FL 33178

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: JUAREZ GABRIEL FARIA D 11/29/2004