


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 APR -9 AM 10: 23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # P01000083160			
1. Entity Name XTREME DENT COMPANY			
Principal Place of Business 2723 WOODRUFF DR ORLANDO, FL 32837		Mailing Address 2723 WOODRUFF DR ORLANDO, FL 32837	
2. Principal Place of Business - No P.O. Box # 6336 BUFORD ST Supt. Apt. #, etc. # 204 City & State ORLANDO FL Zip 32835 Country U.S.		3. Mailing Address 6336 BUFORD ST Supt. Apt. #, etc. # 204 City & State ORLANDO FL Zip 32835 Country U.S.	
6. Name and Address of Current Registered Agent SMITH, CAIN 2723 WOODRUFF DR ORLANDO, FL 32837		7. Name and Address of New Registered Agent Name CAIN SMITH Street Address (P.O. Box Number is Not Acceptable) 6336 BUFORD ST # 204 City ORLANDO FL 32835 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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE 2/23/07			
FILE NOW!!! FEE IS \$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	O SMITH, CAIN 2723 WOODRUFF DR ORLANDO, FL 32837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAIN SMITH 6336 BUFORD ST # 204 ORLANDO FL 32835 <input checked="" 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	900097217979 04/17/07--01038--006 **300.00 <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
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
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
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
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowerments.			
SIGNATURE <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 2/23/07 Daytime Phone #	

02232007 REIN-P CR2E098 (1/07) 06-07  
**REINSTATEMENT**

B. Mitchell APR 9 2007