2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Apr 15, 2005
Secretary of State

DOCUMENT# P01000116650

Entity Name: SMILING DENTAL LAB, CORP.

Current Principal Place of Business:

9240 N.W. 1ST ST
PEMBROKE PINES, FL 33024

New Principal Place of Business:

17852 SW 11 STREET
PEMBROKE PINES, FL 33029

Current Mailing Address:

9240 N.W. 1ST ST
PEMBROKE PINES, FL 33024

New Mailing Address:

17852 SW 11 STREET
PEMBROKE PINES, FL 33029

FEI Number: 02-0539527 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAMOS, ALIAN
9240 N.W. 1ST ST
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

RAMOS, ALIAN
17852 SW 11 STREET
PEMBROKE PINES, FL 33029 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: ALIAN RAMOS 04/15/2005
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: PD ( ) Delete
Name: RAMOS, ALIAN
Address: 9240 N.W. 1ST ST
City-St-Zip: PEMBROKE PINES, FL 33024

Title: SD ( ) Delete
Name: GRACIA, YVER
Address: 9240 N.W. 1ST ST
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: RAMOS, ALIAN
Address: 17852 SW 11 STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: SD (X) Change ( ) Addition
Name: GRACIA, YVER
Address: 17852 SW 11 STREET
City-St-Zip: PEMBROKE PINES, FL 33029

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: ALIAN RAMOS PD 04/15/2005
Electronic Signature of Signing Officer or Director Date