

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000057659

1. Entity Name
S.O.S. DENT INC.



FILED

05 OCT 14 PM 7:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1249 CYPRESS BEND CIRCLE
MELBOURNE, FL 32934

Mailing Address
1249 CYPRESS BEND CIRCLE
MELBOURNE, FL 32934

2. Principal Place of Business

4730 Decatur Circle

Suite, Apt. #, etc.

3. Mailing Address

4730 Decatur Circle

Suite, Apt. #, etc.



10/12/05 REINSTATEMENT 2005

4. FEI Number
02-0614278

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SULZBACH, MICHAEL D
1249 CYPRESS BEND CIRCLE
MELBOURNE, FL 32934

7. Name and Address of New Registered Agent

Name
Allen L Miller

Street Address (P.O. Box Number is Not Acceptable)

2081 A Sarno Rd

Melbourne

City

FL

Zip Code

32935

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

Allen L Miller

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/11/05

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CARRION, HANS R
1249 CYPRESS BEND CIRCLE
MELBOURNE, FL 32934 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
SULZBACH, MICHAEL D
1249 CYPRESS BEND CIRCLE
MELBOURNE, FL 32934 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
4730 Decatur Circle
Melbourne FL 32934

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
300060630743
10/14/05--01064--002 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 empowered.

SIGNATURE:

Hans R. Carrion

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/11/05 (321) 508-4489