PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION STATEMENT			DEPARTÍV Secretary o	f State		;	FILED 10 MAR 31 PM I	
DOCUMENT # PO2000088412 1. Corporation Name							SECRETARY OF STATE. TALLAHASSPE, FLORIES		
Diamond Dental Lab, INC							03/3	0017279 31/10010330	UU r4 04 **150.80
WI-14500							41	00172790	074
2. Principal Office Address - No P.O Box# 3. Mailing Office Address 4520 W. Linebaugh Ave							REÏN	2/1001051004 VSTATE N	_
Suite, Apt. #	t, etc.		Suite, Apt. #,	etc.			Date Inco	rporated or Qualified	
City & State			City & State				To Do Bu	siness in Florida 8/1	4/2002
	mpa, F	**************************************		····		:	5. FEI Numb	314083	Applied For Not Applicable
Zip 336	624 Countr	у	Zıp	C	Country	:	6.	TE OF STATUS DESIDED T	75 Additional Fee required or a Certificate of Status
7. Name and Address of Current Registered Agent									
Name	Choohy	in J	Kīm			i		einstatement fee is im	•
Street Address (P.O. Box Number is Not Acceptable) 4620 W. Linebaugh Are						circumstances which the entity did not receive the prior notices. By checking this box, you			
Suite, Apt.		VV. [-]	riemuy	(7) [11	<u> </u>		are certifying the prior notices were not received and requesting the reinstatement		
City	Tampa					o Code	fee be	e waived.	
	10-1			∣F	`L -	クスムマル			
8. I, being			ve named corpo	1 -		23624 accept the ob	oligations of sec	tion 607.0505 or 617.0503, F.S	i.
8. I, being Signature o Registered	appointed the register	red agent of the abo		ration, am fami	iliar with and		oligations of sec	, .	2010
Signature of Registered	appointed the register	red agent of the abo	EGISTERED AG	eration, am fami	liar with and	accept the ob		, .	
Signature of Registered	appointed the register f Agent and Street Addresses	RE of Each Officer and	EGISTERED AG	eration, am fami	GN corporations r	accept the ob-	ast 3 directors)	, .	2010
Signature of Registered	appointed the register f Agent and Street Addresses	RE of Each Officer and Name of irs and/or Directors	EGISTERED AG	eration, am fami	GN corporations r Street Ado Officer an	accept the ob must list at lea dress of Each d/or Director	ast 3 directors)	Date 2/1/2	2 <i>0</i> / <i>0</i>
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9. Names Titles 10. E-ma	appointed the register Agent	SONH4	GISTERED AG	ENT MUST SIG	Sireet Ado Officer an Coyal	must list at leaderess of Each defor Director En Cla	notification)	City / Sta Tampa , Fr apter 607 or 617, F.S. I further	zo/o te/zip 33676 , 4//
9. Names Titles 10. E-ma 11. I certify this rein owed by	il Address: that I am an officer or statement application, the corporation have	SONHA	GISTERED AG	ENT MUST SIGNING A CONTROL OF THE PROPERTY OF	Street Add Officer and Court of Street Add Officer and Off	must list at leaders of Each d/or Director En Clu annual report	notification) rovided for in charge requirements	City/Sta	2010 te/Zip 33676 certify that when filling 01, F.S., that all fees
9. Names Titles 10. E-ma 11. I certify this rein owed by	il Address: that I am an officer or statement application, the corporation have inder oath	SONHA	GISTERED AG //or Director (Flo	ENT MUST SIG	Street Add Officer and Council	must list at leaders of Each door Director En Classian as particular as particular as particular as particular as cation is true	notification) rovided for in charge requirements and accurate, a	Date 2/1/2 City / Sta Tumpa , Fr apter 607 or 617, F.S. I further to of section 607.0401 or 617.04	2010 te/Zip 33676 certify that when filling 01, F.S., that all fees