2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jun 05, 2006
Secretary of State

DOCUMENT# P02000115829

Entity Name: CORAL GABLES DENTAL LAB, INC.

Current Principal Place of Business:

115 MENORCE AVE., #12
CORAL GABLES, FL 33134

New Principal Place of Business:

1800 SW 1 ST
306
MIAMI, FL 33135

Current Mailing Address:

115 MENORCE AVE., #12
CORAL GABLES, FL 33134

New Mailing Address:

1800 SW 1 ST
306
MIAMI, FL 33135

FEI Number: 90-0052826 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OSORIO, JUAN C
115 MENORCE AVE., #12
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

OSORIO, JUAN C
1800 SW 1 ST
306
MIAMI, FL 33135 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: JUAN C. OSORIO 06/05/2006
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: P ( ) Delete
Name: OSORIO, JUAN C
Address: 115 MENORCE AVE., #12
City-St-Zip: CORAL GABLES, FL 33134

Title: V ( ) Delete
Name: OSORIO, CLAUDIA
Address: 115 MENORCE AVE., #12
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: OSORIO, JUAN C
Address: 1800 SW 1 ST SUITE 306
City-St-Zip: MIAMI, FL 33135

Title: V (X) Change ( ) Addition
Name: OSORIO, CLAUDIA
Address: 1800 SW 1 ST SUITE 306
City-St-Zip: MIAMI, FL 33135

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JUAN C. OSORIO P 06/05/2006
Electronic Signature of Signing Officer or Director Date