# 2009 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Mar 10, 2009**
**Secretary of State**

DOCUMENT# P03000013540

**Entity Name:** ALBERT DENTAL SUPPLY INC.

**Current Principal Place of Business:**

1212 NW 24 PLACE
CAPE CORAL, FL 33993 US

**New Principal Place of Business:**

**Current Mailing Address:**

1212 NW 24 PLACE
CAPE CORAL, FL 33993 US

**New Mailing Address:**

**FEI Number: 30-0173249** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOHR, ALBERTO D
14036 S.W. 54 STREET
MIAMI, FL 33175 US

**Name and Address of New Registered Agent:**

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: ALBERTO LOHR
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: LOHR, ALBERTO D
Address: 1212 NW 24 PLACE
City-St-Zip: CAPE CORAL, FL 33993

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ALBERTO LOHR PD 03/10/2009
Electronic Signature of Signing Officer or Director Date