

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000050675

FILED
Oct 25, 2004
Secretary of State

Entity Name: DENTAL SERVICES PLUS, INC.

Current Principal Place of Business:

1175 NE MIAMI GARDENS DRIVE #101-EAST
MIAMI, FL 33179

New Principal Place of Business:

20500 W. COUNTRY CLUB DR.
405
AVENTURA, FL 33180

Current Mailing Address:

1175 NE MIAMI GARDENS DRIVE #101-EAST
MIAMI, FL 33179

New Mailing Address:

20500 W. COUNTRY CLUB DR.
405
AVENTURA, FL 33180

FEI Number: 92-0193018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANNS, RENATE E
1175 NE MIAMI GARDENS DRIVE #101-EAST
MIAMI, FL 33179 US

Name and Address of New Registered Agent:

MANNS, RENATE E
20500 W. COUNTRY CLUB DR.
405
AVENTURA, FL 33180 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: RENATE E MANNS

10/25/2004

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: MANNS, RENATE E
Address: 1175 NE MIAMI GARDENS DRIVE #101-EAST
City-St-Zip: MIAMI, FL 33179

Title: VD () Delete
Name: ETCHEVERRY, MARIO L
Address: 1175 NE MIAMI GARDENS DRIVE #101-EAST
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MANNS, RENATE E
Address: 20500 W. COUNTRY CLUB DR. #405
City-St-Zip: AVENTURA, FL 33180

Title: VD (X) Change () Addition
Name: ETCHEVERRY, MARIO L
Address: 20500 W. COUNTRY CLUB DR. #405
City-St-Zip: MIAMI, FL 33180

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: RENATE E AMNNS

PD

10/25/2004

Electronic Signature of Signing Officer or Director

Date