

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000055546

Entity Name: BAY DENTAL LAB INC

**FILED**  
**Oct 14, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

8814 ROCKY CREEK DR  
TAMPA, FL 33615

**New Principal Place of Business:**

**Current Mailing Address:**

8814 ROCKY CREEK DR  
TAMPA, FL 33615

**New Mailing Address:**

FEI Number: 55-0834638

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SIN, YO CPA  
8894 N 56TH ST  
TEMPLE TERRACE, FL 33617 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: SIN YO

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: OH, SUN B  
Address: 12211 COLDSTREAM LANE  
City-St-Zip: TAMPA, FL 33626

Title: VP  
Name: OH, JUNG  
Address: 12211 COLDSTREAM LANE  
City-St-Zip: TAMPA, FL 33626

I hereby 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 all other like empowered.

SIGNATURE: JUNG OH

VP

10/14/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date