

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000061418

FILED
Jun 14, 2011
Secretary of State

Entity Name: PROFESSIONAL DENTAL PROSTHETICS, INC.

Current Principal Place of Business:

1925 HOLDER RD
TITUSVILLE, FL 32796

New Principal Place of Business:

Current Mailing Address:

1925 HOLDER RD
TITUSVILLE, FL 32796

New Mailing Address:

FEI Number: 37-1470021

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EMMONS, SHERRYL
1925 HOLDER RD.
TITUSVILLE, FL 32796 US

Name and Address of New Registered Agent:

WORST, SHERRYL
1925 HOLDER RD.
TITUSVILLE, FL 32796 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: SHERRYL WORST

06/14/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: WORST, SHERRYL
Address: 1925 HOLDER RD
City-St-Zip: TITUSVILLE, FL 32796

Title: D
Name: WORST, RYAN G
Address: 1925 HOLDER RD
City-St-Zip: TITUSVILLE, FL 32796

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: SHERRYL WORST

D

06/14/2011

Electronic Signature of Signing Officer or Director

Date