

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000067278

**FILED**  
**Oct 15, 2014**  
**Secretary of State**

**Entity Name:** ADVANCED DENTAL CARE SPECIALISTS CORP.

**Current Principal Place of Business:**

13736 LITTLE ROAD  
HUDSON, FL 34667

**New Principal Place of Business:**

**Current Mailing Address:**

2636 KEYSTONE ROAD  
TARPON SPRINGS, FL 34688

**New Mailing Address:**

**FEI Number:** 54-2113432

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ESTRADA, JAMIE  
2636 KEYSTONE ROAD  
TARPON SPRINGS, FL 34688 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:** JAIME ESTRADA

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** ESTRADA, JAMIE  
**Address:** 2636 KEYSTONE ROAD  
**City-St-Zip:** TARPON SPRINGS, FL 34688

**Title:** VD  
**Name:** SALAZAR-ESTRADA, AMALIA  
**Address:** 2636 KEYSTONE ROAD  
**City-St-Zip:** TARPON SPRINGS, FL 34688

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:** JAIME ESTRADA

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

PD

10/15/2014

\_\_\_\_\_  
Date