

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000099606

Entity Name: ESTHETIC DENTAL LAB, INC.

FILED  
Oct 11, 2005  
Secretary of State

## Current Principal Place of Business:

29 OLD KINGS RD. NORTH, SUITE 4B  
PALM COAST, FL 32137

## New Principal Place of Business:

## Current Mailing Address:

29 OLD KINGS RD. NORTH, SUITE 4B  
PALM COAST, FL 32137

## New Mailing Address:

FEI Number: 57-1186706

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

JOANNA, SWIERCZYNSKI VSD  
29 OLD KINGS ROAD NORTH SUITE  
4B  
PALM COAST, FL 32137 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: JOANNA SWIERCZYNSKI

10/11/2005

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: PTD ( ) Delete  
Name: SWIERCZYNSKI, KRZYZTOF  
Address: 29 OLD KINGS RD. NORTH, SUITE 4B  
City-St-Zip: PALM COAST, FL 32137

Title: VSD ( ) Delete  
Name: SWIERCZYNSKI, JOANNA  
Address: 29 OLD KINGS RD. NORTH, SUITE 4B  
City-St-Zip: PALM COAST, FL 32137

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: KRZYSZTOF SWIERCZYNSKI

PTD

10/11/2005

Electronic Signature of Signing Officer or Director

Date