

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000104954

1. Entity Name  
CERAMIC DENTAL, INC.



FILED  
07 APR -9 PM 4:20  
CLERK OF STATE  
TALLAHASSEE, FLORIDA  
06-07

Principal Place of Business  
11780 E COLONIAL DR  
ORLANDO, FL 32817

Mailing Address  
11780 E COLONIAL DR  
ORLANDO, FL 32817

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



04032007 REIN-P CR2E098 (1/07)

4. FEI Number

52-1192819

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

ADAMS, SUZANNE E  
11780 E COLONIAL DR  
ORLANDO, FL 32817

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME ADAMS, SUZANNE E  
STREET ADDRESS 11780 E COLONIAL DR  
CITY-ST-ZIP ORLANDO, FL 32817

TITLE V ☐ Delete  
NAME ADAMS, JOHN L  
STREET ADDRESS 11780 E COLONIAL DR  
CITY-ST-ZIP ORLANDO, FL 32817

TITLE T ☐ Delete  
NAME ADAMS, ROBERT D  
STREET ADDRESS 11780 E COLONIAL DR  
CITY-ST-ZIP ORLANDO, FL 32817

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 200097296152  
CITY-ST-ZIP 04/18/07--01009--014 \*\*300.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-5-07 407 384-7202

24/11