

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 NOV 14 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/6/05 900 99 021 150.00



11022005 REIN-P CR2E098 (6/04)

DOCUMENT # P04000005263 1. Entry Name D.C.C. DENTAL LABORATORY, INC.					
Principal Place of Business 1481 S. MILITARY TRAIL # 14 PALMA PLAZA WEST PALM BEACH, FL 33415		Mailing Address 1481 S. MILITARY TRAIL # 14 PALMA PLAZA WEST PALM BEACH, FL 33415			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0578707	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$0.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VARGAS, LUIS F 157 BELLEZA TERRACE ROYAL PALM BEACH, FL 33411			7. Name and Address of New Registered Agent Name ADRIANA USMA Street Address (P.O. Box Number is Not Acceptable): 157 BELLEZA TERRACE City Royal Palm Beach FL Zip Code 33411		
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 I accept, the obligations of registered agent.					
SIGNATURE <i>Luis Fernando Vargas</i> <small>Signature must be in ink on a notary sealed and dated document. (NOTE: Registered Agent signature required when reinstating)</small>			DATE 11/02/05		
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00			In accordance with s. 607.193(2)(f), F.S., the corporation did not receive the prior notice		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VARGAS, LUIS F 157 BELLEZA TERRACE ROYAL PALM BEACH, FL 33411		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ADRIANA USMA 5090 157 BELLEZA TERRACE ROYAL PALM BEACH FL 33411	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with or without power.					
SIGNATURE: <i>Luis Fernando Vargas</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: 11/02/05 (561) 963-7738		

REINSTATEMENT 05

T. Roberts NOV 15 2005