

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000005263

Entity Name: D.C.C. DENTAL LABORATORY, INC.

FILED  
Oct 05, 2007  
Secretary of State

**Current Principal Place of Business:**

1481 S. MILITARY TRAIL  
# 14 PALMA PLAZA  
WEST PALM BEACH, FL 33415

**New Principal Place of Business:**

**Current Mailing Address:**

1481 S. MILITARY TRAIL  
# 14 PALMA PLAZA  
WEST PALM BEACH, FL 33415

**New Mailing Address:**

FEI Number: 20-0578707      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

VSMA, ADRIANA  
157 BELLEZA TERRACE  
ROYAL PALM BEACH, FL 33411      US

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

USMA, ADRIANA VP  
9090 NEW HOPE CT  
ROYAL PALM BEACH, FL 33411      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: ADRIANA USMA      10/05/2007  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: VARGAS, LUIS F  
Address: 157 BELLEZA TERRACE  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: V      ( ) Delete  
Name: VSMA, ADRIANA  
Address: 157 BELLEZA TERRACE  
City-St-Zip: ROYAL PALM BEACH, FL 33411

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: VARGAS, LUIS F  
Address: 9090 NEW HOPE CT  
City-St-Zip: ROYAL PALM BEACH, FL 33411

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ADRIANA //USMA      VP      10/05/2007  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date