

**2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000005263

**FILED  
Apr 06, 2011  
Secretary of State**

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

**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 (X)**

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

USMA, ADRIANA VP  
9090 NEW HOPE CT  
ROYAL PALM BEACH, FL 33411      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: ADRIANA USMA

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

Title: V  
Name: VSMA, ADRIANA  
Address: 9090 NEW HOPE CT  
City-St-Zip: ROYAL PALM BEACH, FL 33411

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: ADRIANA USMA

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

V.P

04/06/2011

\_\_\_\_\_  
Date