

2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000108370

FILED
Jul 17, 2012
Secretary of State

Entity Name: FLORIDA CENTER FOR ORAL SURGERY & DENTAL IMPLANTS, INC.

Current Principal Place of Business:

12651 SUNRISE BLVD.,
#304
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

12651 SUNRISE BLVD.,
#304
SUNRISE, FL 33323

New Mailing Address:

FEI Number: 20-1435221

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, DAMONE E
12651 SUNRISE BLVD.
#304
SUNRISE, FL 33323 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: DAMONE E. SMITH

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PS
Name: SMITH, DAMONE E
Address: 21023 N.E. 32ND AVE.
City-St-Zip: AVENTURA, FL 33180

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: DAMONE E. SMITH

PS

07/17/2012

Electronic Signature of Signing Officer or Director

Date