

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000141715

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** THE DENT SOLUTION PAINTLESS DENT REPAIR SERVICE, INC.

**Current Principal Place of Business:**

118 NOTTINGHAM RD.  
ROYAL PALM BEACH, FL 33411

**New Principal Place of Business:**

**Current Mailing Address:**

8964 STATE RD. 84  
DAVIE, FL 33324

**New Mailing Address:**

118 NOTTINGHAM RD.  
ROYAL PALM BEACH, FL 33411

**FEI Number:** 56-2486389

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NAMEN, CARLOS  
118 NOTTINGHAM RD.  
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:** CARLOS NAMEN

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: NAMEN, CARLOS  
Address: 118 NOTTINGHAM RD.  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: VST ( ) Delete  
Name: NAMEN, JUNE  
Address: 118 NOTTINGHAM RD.  
City-St-Zip: ROYAL PALM BEACH, FL 33411

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

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

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:** CARLOS NAMEN

Electronic Signature of Signing Officer or Director

PD

04/27/2009

Date