2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 24, 2009
Secretary of State

DOCUMENT# P05000010909

Entity Name: INTRA-ORAL PROSTHETIC SERVICES, INC.

Current Principal Place of Business:

3129 INOVATION BLVD
SAINT CLOUD, FL 34769

New Principal Place of Business:

3129 INNOVATION DRIVE
SAINT CLOUD, FL 34769

Current Mailing Address:

3129 INOVATION BLVD
SAINT CLOUD, FL 34769

New Mailing Address:

3129 INNOVATION DRIVE
SAINT CLOUD, FL 34769

FEI Number: 74-3138953 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FERNANDEZ, ELAUDIVETTE
3129 INOVATIONS BLVD
SAINT CLOUD, FL 34769 US

Name and Address of New Registered Agent:

FERNANDEZ, ELAUDIVETTE
3129 INOVATIONS DRIVE
SAINT CLOUD, FL 34769 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: ELAUDIVETTE FERNANDEZ 10/24/2009
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: P ( ) Delete
Name: FERNANDEZ, ELAUDIVETTE
Address: 3129 INOVATION BLVD
City-St-Zip: SAINT CLOUD, FL 34769

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FERNANDEZ, ELAUDIVETTE
Address: 3129 INOVATION DRIVE
City-St-Zip: SAINT CLOUD, FL 34769

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: ELAUDIVETTE FERNANDEZ P 10/24/2009
Electronic Signature of Signing Officer or Director Date