# 2006 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Sep 26, 2006**
**Secretary of State**

DOCUMENT# P05000015649

**Entity Name:** DISTINCTIVE DENTAL STUDIO, INC.

**Current Principal Place of Business:**

4711 NW 60 LANE
CORAL SPRINGS, FL 330672106

**New Principal Place of Business:**

935 N.UNIVERSITY DR.
CORAL SPRINGS, FL 33071

**Current Mailing Address:**

4711 NW 60 LANE
CORAL SPRINGS, FL 330672106

**New Mailing Address:**

935 N.UNIVERSITY DR.
CORAL SPRINGS, FL 33071

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

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

MASTEN, ANTHONY B
4711 NW 60 LANE
CORAL SPRINGS, FL 330672106 US

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

MASTEN, ANTHONY B
935 N.UNIVERSITY DR.
CORAL SPRINGS, FL 33071 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: ANTHONY B. MASTEN 09/26/2006
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: MASTEN, ANTHONY B
Address: 4711 NW 60 LANE
City-St-Zip: CORAL SPRINGS, FL 330672106

Title: D ( ) Delete
Name: JOHNSON, KENNETH
Address: 4711 NW 60 LANE
City-St-Zip: CORAL SPRINGS, FL 330672106

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

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

Title: D (X) Change ( ) Addition
Name: JOHNSON, KENNETH
Address: 5325 PINE CIRCLE
City-St-Zip: CORAL SPRINGS, FL 330672106

I hereby certify that the information supplied with this filing does not qualify for the 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: ANTHONY B. MASTEN D. 09/26/2006
Electronic Signature of Signing Officer or Director Date