2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 25, 2007
Secretary of State

DOCUMENT# P05000015649

Entity Name: DISTINCTIVE DENTAL STUDIO, INC.

Current Principal Place of Business:

935 N.UNIVERSITY DR.
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

935 N.UNIVERSITY DR.
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 47-0949350 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MASTEN, ANTHONY B
935 N.UNIVERSITY DR.
CORAL SPRINGS, FL 33071 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: ANTHONY B. MASTEN

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: 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: 5325 PINE CIRCLE
City-St-Zip: CORAL SPRINGS, FL 330672106

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: MASTEN, ANTHONY B
Address: 4095 COCO PLUM CIRCLE
City-St-Zip: COCONUT CREEK, FL 33063

Title: O (X) Change ( ) Addition
Name: PATRICIA, MASTEN
Address: 4095 COCO PLUM
City-St-Zip: COCONUT CREEK, FL 33063

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: ANTHONY B.MASTEN PRES 09/25/2007

Electronic Signature of Signing Officer or Director Date