

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000028449

Entity Name: C & S DENTAL SUPPLY CORP.

FILED
Jun 19, 2009
Secretary of State

Current Principal Place of Business:

13430 S.W. 181ST. STREET
MIAMI, FL 33177

New Principal Place of Business:

11081 S.W. 244TH TERRACE
HOMESTEAD, FL 33032

Current Mailing Address:

13430 S.W. 181ST. STREET
MIAMI, FL 33177

New Mailing Address:

11081 S.W. 244TH TERRACE
HOMESTEAD, FL 33032

FEI Number: 20-2392165

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUAREZ, YURI
13430 S.W. 181ST. STREET
MIAMI, FL 33177 US

Name and Address of New Registered Agent:

SUAREZ, YURI
11081 S.W. 244TH TERRACE
HOMESTEAD, FL 33032 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: YURI SUAREZ

06/19/2009

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: VALDES, CARIDAD
Address: 13430 S.W. 181ST. STREET
City-St-Zip: MIAMI, FL 33177

Title: VP () Delete
Name: VALDES, ESTHER
Address: 13430 S.W. 181ST. STREET
City-St-Zip: MIAMI, FL 33177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VALDES, CARIDAD
Address: 11081 S.W. 244TH TERRACE
City-St-Zip: HOMESTEAD, FL 33032

Title: VP (X) Change () Addition
Name: VALDES, ESTHER
Address: 11081 S.W. 244TH TERRACE
City-St-Zip: HOMESTEAD, FL 33032

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: CARIDAD VALDES

P

06/19/2009

Electronic Signature of Signing Officer or Director

Date