2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000063990

FILED Oct 05, 2007 Secretary of State

Entity Name: DDSLAB, INC. **Current Principal Place of Business: New Principal Place of Business:** 6015 BENJAMIN ROAD STE 310 TAMPA, FL 33634 **Current Mailing Address: New Mailing Address:** 6015 BENJAMIN ROAD STE 310 TAMPA, FL 33634 FEI Number: 57-1220616 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROBBINS, MICHAEL H ESQ HUIE, PATRICIA A ESQ SHUMAKER, LOOP & KENDRICK, LLP 2502 ROCKY POINT DRIVE 101 E KENNÉDY BLVD - STE 2800 SUITE 1000 TAMPA, FL 33602 US TAMPA, FL 33607 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: PATRICIA A. HUIE 10/05/2007 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition CERESA, AMY Name: Name: 6015 BENJAMIN ROAD, STE 310 Address: Address: City-St-Zip: TAMPA, FL 33634 City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: Name: MARLER, THOMAS J 2502 ROCKY POINT DRIVE SUITE 1000 Address: Address: TAMPA, FL 33607 City-St-Zip: City-St-Zip: Title: Title: () Change (X) Addition () Delete Name: KELLY, DONALD Name: 2502 ROCKY POINT DRIVE SUITE 1000 Address Address: City-St-Zip: City-St-Zip: TAMPA, FL 33607

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: THOMAS J. MARLER D 10/05/2007