## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P05000104700

Entity Name: TOWER DENTAL, INC.

FILED Jul 24, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5100 TAMIAMI TRAIL N SUITE 201 1443 HEMMINGWAY PLACE NAPLES, FL 34103 US

Current Mailing Address: New Mailing Address:

5100 TAMIAMI TRAIL N SUITE 201 1443 HEMMINGWAY PLACE NAPLES, FL 34103 NAPLES, FL 34103 US

FEI Number: 04-3821479 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:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US BUCK, HERBERT J 5405 JAEGER ROAD NAPLES, FL 34109 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: HERBERT J BUCK 07/24/2007

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:

Title: PTD ( ) Delete Title: PTD (X) Change ( ) Addition

Name:ROCHA, SONIA AName:ROCHA, SONIA AAddress:5100 TAMIAMI TRAIL N SUITE 201Address:1443 HEMMINGWAY PLACE

City-St-Zip: NAPLES, FL 34103 City-St-Zip: NAPLES, FL 34103 US

Title: VSD (X) Delete Title: ( ) Change ( ) Addition Name: ROCHA. ELVIN Name:

Address: 5100 TAMIAMI TRAIL N SUITE 201 Address: City-St-Zip: NAPLES, FL 34103 City-St-Zip:

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: SONIA A ROCHA PTD 07/24/2007