

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000134194

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

**FILED**  
**Oct 01, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

941 S MILITARY TRL  
STE F1  
WEST PALM BEACH, FL 33415 US

**New Principal Place of Business:**

**Current Mailing Address:**

941 S MILITARY TRL  
STE F1  
WEST PALM BEACH, FL 33415 US

**New Mailing Address:**

**FEI Number:** 20-3566343

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DEFAUS, GILBERT  
941 S MILITARY TRL  
STE F1  
WEST PALM BEACH, FL 33415 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:** GILBERT DEFAUS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P,S  
**Name:** DEFAUS, GILBERT  
**Address:** 122 VAN GOGH WAY  
**City-St-Zip:** ROYAL PALM BEACH, FL 33411 US

**Title:** T  
**Name:** DEFAUS, EVA L  
**Address:** 122 VAN GOGH WAY  
**City-St-Zip:** ROYAL PALM BEACH, FL 33411

I hereby 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 all other like empowered.

**SIGNATURE:** GILBERT DEFAUS

PS

10/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date