


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000154906		
1. Entity Name MODERN DENTAL INC.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 DEC 12 PM 2:31

Principal Place of Business 220 WHISPERING WOODS LANE 14 ST AUGUSTINE, FL 32084	Mailing Address 220 WHISPERING WOODS LANE 14 ST AUGUSTINE, FL 32084
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2. Principal Place of Business - No P.O. Box # 17 OLD KINGS RD North	3. Mailing Address 17 OLD KINGS RD, North
Suite, Apt. #, etc. STE 14	Suite, Apt. #, etc. STE 14

12052007 REIN-P CR2E098 (1/07)

City & State PALM COAST, FL	City & State PALM COAST, FL
Zip 32137	Zip 32137
Country USA	Country USA

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DEEGAN, TIMOTHY P 9200 NW 36TH PLACE #A GAINESVILLE, FL 32606	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAVALLUZZO, PAUL G 220 WHISPERING WOODS LANE #14 ST. AUGUSTINE, FL 32084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAVALLUZZO, PAUL 4 WAINBUSH PL PALM COAST, FL 32167 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200113081762 12/12/07--01039--011 **158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Paul Cavalluzzo</u> ; PAUL CAVALLUZZO 12/7/07 388-445-452	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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