

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000156286

FILED
Nov 20, 2009
Secretary of State

Entity Name: THE DENTAL AND DENTURE CENTER, INC.

Current Principal Place of Business:

5871 WHISPERWOOD COURT
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

5871 WHISPERWOOD COURT
NAPLES, FL 34110

New Mailing Address:

FEI Number: 20-3873055

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAGA, ANTONIO
7955 AIRPORT ROAD, #101
NAPLES, FL 34109 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: ANTONIO FAGA

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR. () Delete
Name: D'AMICO, ELIO
Address: 5871 WHISPERWOOD COURT
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
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: ELIO D'AMICO

Electronic Signature of Signing Officer or Director

PRES

11/20/2009

Date