2010 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 06, 2010
Secretary of State

DOCUMENT# P06000008467

Entity Name: RELIABLE ARTS DENTAL LABORATORY INC.

Current Principal Place of Business:

261 WESTWARD DR
SUITE 203
MIAMI SPRINGS, FL 33166

New Principal Place of Business:

Current Mailing Address:

261 WESTWARD DR
SUITE 203
MIAMI SPRINGS, FL 33166

New Mailing Address:

FEI Number: 20-4157979 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOMAX, MICHAEL
261 WESTWARD DR
SUITE 203
MIAMI SPRINGS, FL 33166 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: MICHAEL LOMAX

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP
Name: LOMAX, MICHAEL
Address: 261 WESTWARD DR
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: ST
Name: LOMAX, MICHAEL
Address: 261 WESTWARD DR
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: MR.
Name: LOMAX, MICHAEL
Address: 261 WESTWARD DRIVE #203
City-St-Zip: MIAMI SPRINGS, FL 33166 USA

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: MICHAEL LOMAX MR. 10/06/2010

Electronic Signature of Signing Officer or Director — Date