

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000053329

Entity Name: UNIQUE DENT LAB, INC.

FILED  
Mar 06, 2009  
Secretary of State

## Current Principal Place of Business:

8391 CORRENCY DRIVE  
#103, #104  
ROYAL BEACH, FL 33404

## Current Mailing Address:

8391 CORRENCY DRIVE  
#103, #104  
ROYAL BEACH, FL 33404

## New Principal Place of Business:

8391 CORRENCY DRIVE  
#103, #104  
ROYAL BEACH, FL 33404 17

## New Mailing Address:

FEI Number: 90-0290034

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MENDEZ, WILFRED  
8391 CORRENCY DRIVE  
#103, #104  
ROYAL BEACH, FL 33404 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: WILFRED MENDEZ

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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Change (X) Addition  
Name: MENDEZ, CARMEN L  
Address: 8391 CORRENCY DRIVE, SUITE 103-104  
City-St-Zip: ROYAL BEACH, FL 33404

Title: VP ( ) Change (X) Addition  
Name: MENDEZ, WILFRED  
Address: 8391 CORRENCY DRIVE, SUITE 103-104  
City-St-Zip: ROYAL BEACH, FL 33404

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: CARMEN L. MENDEZ

P

03/06/2009

Electronic Signature of Signing Officer or Director

Date