

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000123592

Entity Name: DENTATE PORCELAIN, INC.

FILED
Nov 23, 2009
Secretary of State

Current Principal Place of Business:

4640 NORTH FEDERAL HIGHWAY
UNIT F
FORT LAUDERDALE, FL 33308 US

New Principal Place of Business:

Current Mailing Address:

4640 NORTH FEDERAL HIGHWAY
UNIT F
FORT LAUDERDALE, FL 33308 US

New Mailing Address:

FEI Number: 26-0282380 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

APONTE, JAIME
4640 NORTH FEDERAL HIGHWAY
UNIT F
FT LAUDERDALE, FL 33308 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: JAIME APONTE

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: PRES () Delete
Name: APONTE, JAIME
Address: 4640 NORTH FEDERAL HIGHWAY -UNIT F
City-St-Zip: FORT LAUDERDALE, FL 33308 US

Title: TRES () Delete
Name: APONTE, JAIME
Address: 4640 NORTH FEDERAL HIGHWAY SUITE F
City-St-Zip: FORT LAUDERDALE, FL 33308 US

Title: SECT () Delete
Name: APONTE, JAIME
Address: 4640 NORTH FEDERAL HIGHWAY SUITE F
City-St-Zip: FORT LAUDERDALE, FL 33308 US

Title: DIR () Delete
Name: APONTE, JAIME
Address: 4640 NORTH FEDERAL HIGHWAY SUITE F
City-St-Zip: FORT LAUDERDALE, FL 33308 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAIME APONTE

Electronic Signature of Signing Officer or Director

PRES

11/23/2009

Date