

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000080216

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Entity Name:** GOLD DENTAL SERVICES, INC.

**Current Principal Place of Business:**

3085 SW 148 AVE  
MIAMI, FL 33185

**New Principal Place of Business:**

12705 NW 42 AVENUE, UNIT JJ24  
OPA LOCKA, FL 33054

**Current Mailing Address:**

3085 SW 148 AVE  
MIAMI, FL 33185

**New Mailing Address:**

12705 NW 42 AVENUE, UNIT JJ24  
OPA LOCKA, FL 33054

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RAMIREZ, IGNACIO  
3085 SW 148 AVE  
MIAMI, FL 33185    US

**Name and Address of New Registered Agent:**

LAZARO J. PEREZ, PLLC  
1699 CORAL WAY  
SUITE 315  
MIAMI, FL 33145 US

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: LAZARO J PEREZ, PLLC

03/30/2010

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: PSD  
Name: EGUZQUIZA, RICARDO DDS  
Address: 12705 NW 42 AVENUE, UNIT JJ24  
City-St-Zip: OPA LOCKA, FL 33054

Title: VPD  
Name: RAMIREZ, IGNACIO  
Address: 12705 NW 42 AVENUE, UNIT JJ24  
City-St-Zip: OPA LOCKA, FL 33054

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: RICARDO EGUZQUIZA

PSD

03/30/2010

Electronic Signature of Signing Officer or Director

Date