

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000100496

**FILED**  
**May 25, 2011**  
**Secretary of State**

**Entity Name:** DENTAL SPA AT ABACOA INC.

**Current Principal Place of Business:**

1155 MAIN  
SUITE 105  
ABACOA, FL 33458

**New Principal Place of Business:**

**Current Mailing Address:**

1155 MAIN  
SUITE 105  
ABACOA, FL 33458

**New Mailing Address:**

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

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

LEIBOVICI, JACOB  
9146 DELEMAR COURT  
WELLINGTON, FL 33414      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: JACOB LEIBOVICI

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LEIBOVICI, JACOB  
Address: 9146 DELEMAR COURT  
City-St-Zip: WELLINGTON, FL 33414

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: JACOB LEIBOVICI

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PD

05/25/2011

\_\_\_\_\_  
Date