

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000027699

**FILED**  
**Feb 19, 2014**  
**Secretary of State**

**Entity Name:** INTERNATIONAL DENTAL GROUP, INCORPORATED

**Current Principal Place of Business:**

1564 NE 191 ST #321  
MIAMI, FL 33179

**New Principal Place of Business:**

1030 N ROYAL POINCIANA BLVD  
MIAMI SPRINGS, FL 33166

**Current Mailing Address:**

1564 NE 191 ST #321  
MIAMI, FL 33179

**New Mailing Address:**

1030 N ROYAL POINCIANA BLVD  
MIAMI SPRINGS, FL 33166

**FEI Number:** 27-2202408

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MANNS, RENATE E  
20500 W COUNTRY CLUB DR  
AVENTURA, FL 33180 US

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

MANNS, RENATE E  
1030 N ROYAL POINCIANA BLVD  
MIAMI SPRINGS, FL 33166 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: RENATE MANNS

02/19/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MANNS, RENATE E  
Address: 1030 N ROYAL POINCIANA BLVD  
City-St-Zip: MIAMI SPRINGS, FL 33166

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: RENATE MANNS

PRES

02/19/2014

Electronic Signature of Signing Officer or Director

Date