

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000040575

**Entity Name:** DENTALFX, INC.

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3301 NW 97 TERRACE  
SUNRISE, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

3301 NW 97 TERRACE  
SUNRISE, FL 33351

**New Mailing Address:**

**FEI Number:** 27-2689644

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DEARR, CRAIG R  
9100 S. DADELAND BLVD  
#1701  
MIAMI, FL 33156 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:** CRAIG DEARR

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** SPELIOS, LOUIS G  
**Address:** 3310 NW 97 TERRACE  
**City-St-Zip:** SUNRISE, FL 33351

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:** CRAIG DEARR

RA

04/27/2012

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

\_\_\_\_\_  
Date