

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000061109

**FILED**  
**Oct 05, 2011**  
**Secretary of State**

**Entity Name:** DDS BUSINESS SOLUTIONS CORP.

**Current Principal Place of Business:**

12325 CASCADES POINTE DRIVE  
BOCA RATON, FL 33428

**New Principal Place of Business:**

12287 RIVERFALLS COURT  
BOCA RATON, FL 334284856 US

**Current Mailing Address:**

12325 CASCADES POINTE DRIVE  
BOCA RATON, FL 33428

**New Mailing Address:**

PO BOX 880583  
BOCA RATON, FL 334880583 US

**FEI Number:** 27-3077142

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DAVILA, LUIS R  
12325 CASCADES POINTE DRIVE  
BOCA RATON, FL 33428 US

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

DAVILA, LUIS R SR  
12287 RIVERFALLS COURT  
BOCA RATON, FL 334284856 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:** LUIS R DAVILA

10/05/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** DAVILA, LUIS R SR  
**Address:** 12287 RIVERFALLS COURT  
**City-St-Zip:** BOCA RATON, FL 334284856 US

**Title:** VP  
**Name:** DAVILA, RITA  
**Address:** 12287 RIVERFALLS COURT  
**City-St-Zip:** BOCA RATON, FL 334284856 US

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:** LUIS R DAVILA

P

10/05/2011

Electronic Signature of Signing Officer or Director

Date