

2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P10000071316

FILED
Oct 27, 2014
Secretary of State

Entity Name: NAPLES DENTAL & DENTURE CENTER, INC.

Current Principal Place of Business:

5871 WHISPERWOOD CT
NAPLES, FL 34110

New Principal Place of Business:

4325 TAMiami TRAIL NORTH
NAPLES, FL 341033106 US

Current Mailing Address:

5871 WHISPERWOOD CT
NAPLES, FL 34110

New Mailing Address:

C/O GRUBER AND ASSOCIATES, P.A.
2400 EAST COMMERCIAL BOULEVARD, SUITE 1
FORT LAUDERDALE, FL 333084001 US

FEI Number: 27-3636964

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 333114132 US

Name and Address of New Registered Agent:

D'AMICO, ELIO
4325 TAMiami TRAIL NORTH
NAPLES, FL 341033106 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: ELIO D'AMICO

10/27/2014

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: D'AMICO, ELIO
Address: 4325 TAMiami TRAIL NORTH
City-St-Zip: NAPLES, FL 341033106

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: ELIO D'AMICO

P

10/27/2014

Electronic Signature of Signing Officer or Director

Date