2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P9200005068 1. Entity Name ELITE DENTAL LABORATORY INC.			•			FILED 05 AUG 15 AM II: 19 CLUNETANT OF STATE TALLAHASSEE, FLORIDA		_
Principal Plac	ce of Business	Mailing Address	Mailing Address			5.00NE 1	MAL OF STAT	<u>.</u>
2100 E ROB		•	2100 E ROBINSON ST			TALLATI	daare, FLORIC	Д
ORLANDO, F	L 32803 US	ORLANDO, FL 32803						
						THE STATE OF THE STA	II CRIN ARIAN CHIN ZANA SHIZI K	F118.51 (F 18.6)
2. Principal Place of Business		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		07262005	REIN-P	CR2E098 (6/04)	
City & State		City & State	City & State		4. FEI Number 59-3151	380	 	oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate o	f Status Desired	S8.75 Ad Fee Require	
	6. Name and Address of Cur	rent Registered Agent			7. Name and A	ddress of New R	legistered Agent	
MORENO.	CARLOS			Name				
	DBINSON ST			Street Address (P.O. Box Number is Not Acceptable)				
ORLANDO	D, FL 32803							
				City			FL Zip Coo	le
	named entity submits this stateme	nt for the purpose of changing its	registere	ed office or regist	ered agent, or both	, in the State of Flo	orida. I am familiar with	and accept
me oongai	tions of registered agent.	1 0.0	امما	11.4	a Oc.	sident	7/07/0	
SIGNATURE.	Signature, typed or printed name of registered			Horen	<u> </u>	3146711		72
-	Squatore, typed or pressonance or registered a	aport and the respincable (NO)	c: negratere	ed Agent Exgrettite red	ulrod when reinstating)		DATE	
Fil	LE NOW!!! FEE IS \$300.0	0					with s. 607.193(2)(b), not receive the prior	
10.		AND DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTOR	\$ IN 11
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS HOTENO 8 10/05 401897-0999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR