

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P94000088742

FILED  
Oct 28, 2004  
Secretary of State

Entity Name: SUNCOAST DENTAL STUDIO, INC.

**Current Principal Place of Business:**

5349 MILE STRETCH ROAD  
HOLIDAY, FL 34690

**New Principal Place of Business:**

**Current Mailing Address:**

5349 MILE STRETCH ROAD  
HOLIDAY, FL 34690

**New Mailing Address:**

FEI Number: 59-3290109

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAUREANO, SAMUEL  
5349 MILE STRETCH RD  
HOLIDAY, FL 34690 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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HORSMAN, JOHN F  
Address: 2179 CYPRESS POINT DRIVE N.  
City-St-Zip: CLEARWATER, FL 34623

Title: D ( ) Delete  
Name: LAUREANO, SAMUEL  
Address: 3706 SHERYL HILL DR.  
City-St-Zip: HOLIDAY, FL 34690

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SAMUEL LAUREANO

VP

10/28/2004

Electronic Signature of Signing Officer or Director

Date