

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P95000024927

Entity Name: CAQ DENTAL, INC.

**FILED**  
**Dec 12, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2520 CARDAMON AVE.  
COOPER CITY, FL 33026

**New Principal Place of Business:**

4700 SW 160TH AVE  
415  
MIRAMAR, FL 33027

**Current Mailing Address:**

2520 CARDAMON AVE.  
COOPER CITY, FL 33026

**New Mailing Address:**

4700 SW 160TH AVE  
415  
MIRAMAR, FL 33027

FEI Number: 65-0571166

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

QUILICHINI, CARLOS A  
2520 CARDAMON AVE.  
COOPER CITY, FL 33026 US

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

QUILICHINI, CARLOS A  
4700 SW 160TH AVE  
415  
MIRAMAR, FL 33027 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: CARLOS QUILICHINI

12/12/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: QUILICHINI, CARLOS A  
Address: 4700 SW 160TH AVE # 415  
City-St-Zip: MIRAMAR, FL 33027

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: CARLOS QUILICHINI

DR

12/12/2011

Electronic Signature of Signing Officer or Director

Date