

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P96000091883

**FILED**  
**Sep 29, 2010**  
**Secretary of State**

**Entity Name:** HLB DENTAL PROSTHETICS, INC.

**Current Principal Place of Business:**

3112 SOUTHGATE CIRCLE #22  
#22  
SARASOTA, FL 34239 US

**New Principal Place of Business:**

**Current Mailing Address:**

3112 SOUTHGATE CIRCLE #22  
#22  
SARASOTA, FL 34239 US

**New Mailing Address:**

**FEI Number:** 59-3433575

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BYRNE, HELENA  
3112 SOUTHGATE CIRCLE #22  
#22  
SARASOTA, FL 34239 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:** HELENA BYRNE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** BYRNE, HELENA  
**Address:** 3112 SOUTHGATE CIRCLE #22  
**City-St-Zip:** SARASOTA, FL 34239

**Title:** PVST  
**Name:** BYRNE, HELENA  
**Address:** 3112 SOUTHGATE CIRCLE #22  
**City-St-Zip:** SARASOTA, FL 34239

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:** HELENA BYRNE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

D

09/29/2010

\_\_\_\_\_  
Date