

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000019408

1. Entity Name
NU DIMENSION DENTAL STUDIO, INC.



FILED

05 SEP 26 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5522 HANLEY RD., STE. 113, PLAZA 2
TAMPA, FL 33634

Mailing Address
5522 HANLEY RD., STE. 113, PLAZA 2
TAMPA, FL 33634

2. Principal Place of Business
8465 W. LINEBAUGH AVE.

3. Mailing Address
8465 W. LINEBAUGH AVE.



09192005 REIN-P CR2E098 (6/04)

City & State
TAMPA, FL

City & State
TAMPA, FL

4. FEI Number
59-3563478

Applied For
Not Applicable

Zip
33625

Country
U.S.A.

Zip
33625

Country
U.S.A.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KIM, CHOOHYUN J
5522 HANLEY RD., STE. 113, PLAZA 2
TAMPA, FL 33634

7. Name and Address of New Registered Agent
Name
KIM, CHOOHYUN J.
Street Address (P.O. Box Number is Not Acceptable)
8465 W. LINEBAUGH AVE.
City
TAMPA, FL Zip Code
33625

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIM, CHOOHYUN J		NAME	KIM, CHOOHYUN J.	
STREET ADDRESS	11633 RENAISSANCE VIEW CT.		STREET ADDRESS	8465 W. LINEBAUGH AVE.	
CITY-ST-ZIP	TAMPA, FL 33626		CITY-ST-ZIP	TAMPA, FL 33625	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIM, JISUN		NAME		
STREET ADDRESS	11633 RENAISSANCE VIEW CT.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33626		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____