


2007 FOR PROFIT CORPORATION REINSTATEMENT

1092

DOCUMENT # P99000031875		
1. Entity Name TINO DENTAL LAB, INC.		

FILED

2007 DEC 17 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 401 MIRACLE MILE SUITE 412 CORAL GABLES, FL 33134	Mailing Address 401 MIRACLE MILE SUITE 412 CORAL GABLES, FL 33134
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



12/17/2007 REINSTATEMENT	CR2E098 (1/07)
4. FEI Number 65-1009190	Applied For <input type="checkbox"/> Not Applicable

6. Name and Address of Current Registered Agent GARCIA, CELESTINO 401 MIRACLE MILE SUITE 412 CORAL GABLES, FL 33134	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, CELESTINO 401 MIRACLE MILE, STE. 412 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ESTRADA, LIDIA INO E 401 MIRACLE MILE SUITE 412 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300113203863 12/17/07--01064--001 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	DATE	DAYTIME PHONE #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

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TINO DENTAL LAB, INC.
401 MIRACLE MILE APT. 412
CORAL GABLES, FL. 33134

December 14, 2007

Secretary of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32314

Dear Ms. Secretary,

Enclosed please find a reinstatement request for 2007, also a check for \$150.00 for the annual fee of Corporations.

Please accept our Waiver of Penalty for not having filed on time the Annual Report of Corporations, due to the fact that no notice or communication was received to comply with the requirement.

Sincerely,

A handwritten signature in black ink, appearing to read 'Celestino Garcia', written over a circular stamp or seal.

Celestino Garcia
President