

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000065224

**FILED
Oct 27, 2004
Secretary of State**

Entity Name: WINTER HAVEN DENTAL LAB, INC.

Current Principal Place of Business:

200 AVENUE K SE
3
WINTER HAVEN, FL 33880

New Principal Place of Business:

654 AVE F NW
WINTER HAVEN, FL 33881

Current Mailing Address:

200 AVENUE K SE
3
WINTER HAVEN, FL 33880

New Mailing Address:

654 AVE F NW
WINTER HAVEN, FL 33881

FEI Number: 59-3586328 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RUBLE, THOMAS
111 MIRROR LANE
WINTER HAVEN, FL 33881 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RUBLE, THOMAS
Address: 200 AVENUE K SE
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RUBLE, THOMAS
Address: 654 AVE F NW
City-St-Zip: WINTER HAVEN, FL 33881

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: THOMAS L. RUBLE

PRES

10/27/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date