

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P99000095312

**FILED**  
**Oct 14, 2010**  
**Secretary of State**

**Entity Name:** TOMLINSON DENTAL CARE, INC

**Current Principal Place of Business:**

7548 W COMMERCIAL BLVD  
LAUDERHILL, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

7548 W COMMERCIAL BLVD  
LAUDERHILL, FL 33319

**New Mailing Address:**

**FEI Number:** 65-0958461

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TOMLINSON, MILTON  
205 JACARANDA DRIVE  
PLANTATION, FL 33324 US

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

TOMLINSON, MILTON D  
205 JACARANDA DRIVE  
PLANTATION, FL 33324 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: MILTON D. TOMLINSON

10/14/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: TOMLINSON, MILTON D  
Address: 7548 W. COMMERCIAL BLVD.  
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: VP  
Name: TOMLINSON, JOAN  
Address: 7548 W. COMMERCIAL BLVD.  
City-St-Zip: FORT LAUDERDALE, FL 33319

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: MILTON D. TOMLINSON

PRES

10/14/2010

Electronic Signature of Signing Officer or Director

Date