**2016 FLORIDA PROFIT CORPORATION REINSTATEMENT**

**FILED**
**Oct 27, 2016**
**Secretary of State**
**CR5431202412**

DOCUMENT# P14000013487

**Entity Name:** ALPHA DENTAL GROUP INC.

**Current Principal Place of Business:**

4999 W 8TH AVE
SUITE 1
HIALEAH, FL 33012

**Current Mailing Address:**

4999 W 8TH AVE
SUITE 1
HIALEAH, FL 33012 US

**FEI Number: 46-4805680**

**Certificate of Status Desired:** No

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

VAZQUEZ, YAREMI
4999 W 8TH AVE
SUITE 1
HIALEAH, FL 33012 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: VAZQUEZ YAREMI 10/27/2016

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | PD |
| Name | BOBADILLA, PATRICIA M |
| Address | 4999 W 8TH AVE SUITE 1 |
| City-State-Zip: | HIALEAH FL 33012 |

*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: PATRICIA BOBADILLA PRESIDENT 10/27/2016

Electronic Signature of Signing Officer/Director Detail — Date