

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 562140

FILED
Feb 02, 2005
Secretary of State

Entity Name: CHARLES J. SIMON, D.D.S., P.A.

Current Principal Place of Business:

2521 S. FEDERAL HWY
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

1825 LAKE DRIVE
DELRAY BEACH, FL 33444

New Mailing Address:

138 LAS BRISAS CIRCLE
HYPOLUXO, FL 33462

FEI Number: 59-1828340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMON, CHARLES J
1825 LAKE DRIVE
DELRAY BEACH, FL US

Name and Address of New Registered Agent:

SIMON, CHARLES J
138 LAS BRISAS CIRCLE
HYPOLUXO, FL 33462 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: CHARLES J. SIMON

02/02/2005

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SIMON, CHARLES J., D, .D.S
Address: 1825 LAKE DRIVE
City-St-Zip: DELRAY BEACH, FL

Title: S () Delete
Name: SIMON, JEANNE L
Address: 1825 LAKE DR
City-St-Zip: DELRAY BEACH, FL 33444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SIMON, CHARLES J., D, .D.S
Address: 138 LAS BRISAS CIRCLE
City-St-Zip: HYPOLUXO, FL 33462

Title: S (X) Change () Addition
Name: SIMON, JEANNE L
Address: 138 LAS BRISAS CIRCLE
City-St-Zip: HYPOLUXO, FL 33462

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: CHARLES J. SIMON

P

02/02/2005

Electronic Signature of Signing Officer or Director

Date