

# 2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000112734

FILED  
Aug 10, 2012  
Secretary of State

**Entity Name:** ISLAND DENTAL, PA

**Current Principal Place of Business:**

900 NORTH FEDERAL HIGHWAY  
SUITE 308  
HALLANDALE, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

900 NORTH FEDERAL HIGHWAY  
SUITE 308  
HALLANDALE, FL 33009

**New Mailing Address:**

**FEI Number:** 20-1387061

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ATANES, ANA  
500 94TH STREET  
SURFSIDE, FL 33154 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: ANA ATANES

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ATANES, ANA  
Address: 500 94TH STREET  
City-St-Zip: SURFSIDE, FL 33154

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: ANA ATANES

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

08/10/2012

\_\_\_\_\_  
Date