

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 MAR -4 PM 3:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02282008 REIN-P CR2E098 (1/07)

<b>DOCUMENT # 601421</b> 1. Entity Name ROTHFIELD, OKLIN, & OKLIN PA				06-07 	
Principal Place of Business 6805 PEMBROKE ROAD HOLLYWOOD, FL 33023		Mailing Address 6805 PEMBROKE ROAD HOLLYWOOD, FL 33023			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>Same above</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-1274191			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired			<input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent  ROTHFIELD, BENTON 6805 PEMBROKE ROAD HOLLYWOOD, FL 33023			7. Name and Address of New Registered Agent Name: <i>Ronald OKlin</i> Street Address (P.O. Box Number is Not Acceptable): <i>6805 Pembroke Road</i> <i>Hollywood FL 33023</i> City: <i>FL</i> Zip Code: <i>33023</i>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE: <i>2/28/08</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$300.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OKLIN, RONALD 2220 NORTH 54TH AVENUE HOLLYWOOD, FL 33023		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700120748307</b> 03/19/08--01036--002 ***308.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROTHFIELD, BENTON 1021 N. VENETIAN DR. MIAMI BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OKLIN, RICHARD 6805 PEMBROKE RD HOMESTEAD, FL 33033		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Hollywood</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <i>2/28/08</i> <small>Daytime Phone #</small>			

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Oklin& Oklin DDS,PA  
6805 Pembroke Road  
Hollywood, Florida 33023  
954-989-6950 business  
954-989-6962fax  
Email- [6805dental@bellsouth.net](mailto:6805dental@bellsouth.net)

02/28/2008

Attention: Susan Payne

I spoke with you on 02/28/2008 and informed you about the amendment form as well as the \$35.00 filing fee that was sent out on 07/17/07 and posted on 07/23/2007 check #24933 cleared the bank 07/23/2007. You informed me that you showed no record of this check and I am to send a copy of the bank statement showing that the check had been paid and you would apply that payment to the amendment for the name change. Also I never receive a notice for the annual report I have attached the annual report along with the filing fee \$300.00 that will cover 2007 and 2008 with the certificate amount of \$8.75 total amount of the check is \$308.75 check #25298.

Please call me once you have received this information. Tracy Solomon 954-989-6950 x 304

Thank you  
Have a Great Day

*Tracy Solomon*  
*Office Manager*