

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 602915

**FILED
Jan 18, 2011
Secretary of State**

Entity Name: DR. ROBERT ORTA, DDS, P.A.

Current Principal Place of Business:

801 W. M. L. KING BLVD.
SUITE 2
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

801 W. M. L. KING BLVD.
SUITE 2
TAMPA, FL 33603

New Mailing Address:

FEI Number: 59-1351921 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ORTA, ROBERT D.D.S.
801 W M.L. KING BLVD
SUITE 2
TAMPA, FL 33603 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: DR. ROBERT ORTA

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: ORTA, ROBERT D.D.S.
Address: 801 W. M. L. KING BLVD, SUITE 2
City-St-Zip: TAMPA, FL 33603

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: DR. ROBERT ORTA

Electronic Signature of Signing Officer or Director

PRES

01/18/2011

Date