

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 OCT 10 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G77464	
1. Entity Name WESTCHESTER DENTAL OFFICE, P.A.	



Principal Place of Business 8489 CORAL WAY MIAMI, FL 33155	Mailing Address 8489 CORAL WAY MIAMI, FL 33155
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

10052006 REIN-P CR2E098 (11/05)



4. FEI Number 59-2366717	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CASTELLANOS, OSCAR 8489 CORA WAY MIAMI, FL 33155

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

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	PS CASTELLANOS, OSCAR (DDS) 851 VENETIAN DR MIAMI, FL 33139 <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
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
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

xc 10/11



FLORIDA DEPARTMENT OF STATE
Secretary of State
Sue M. Cobb
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

First-Class Mail
U.S. Postage
PAID
State of Florida
84321

NOTICE OF DISSOLUTION OR REVOCATION

0074554 01 AV 0.186 **AUTO T1 1 1204 33155-234689



WESTCHESTER DENTAL OFFICE, P.A.
8489 CORAL WAY
MIAMI FL 33155-2346

OPTION 3 - *Receive a form by mail* - Allow up to 28 days total processing time.

- *Detach this postcard, affix postage on reverse side and mail.*

State of Florida • Department of State
Certificate of Administrative Dissolution or Revocation

The below named entity having failed to file its 2006 annual report, in accordance with Florida Statutes, is hereby administratively dissolved or revoked effective September 15, 2006.

Document # **G77464**

Entity Name: WESTCHESTER DENTAL OFFICE, P.A.



Given under my hand and the Great Seal
of the State of Florida, at Tallahassee, the
Capital, this 15th day of September, 2006.

Sue M. Cobb

Sue M. Cobb
Secretary of State



CR2E095 DISS 7/06