


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 OCT 18 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K58766		
1. Entity Name R. CRAIG CUSATO, D.M.D., P.A.		

Principal Place of Business 1341 NW ST LUCIE W BLVD PT ST LUCIE, FL 34986 US	Mailing Address 1341 NW ST LUCIE W BLVD PT ST LUCIE, FL 34986 US
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2. Principal Place of Business - No P.O. Box # 316 NW Bethany Dr.	3. Mailing Address 316 NW Bethany Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

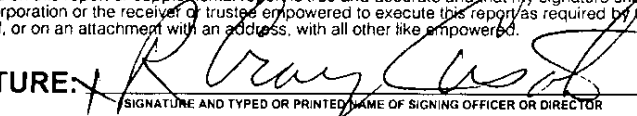
City & State Port St. Lucie, Fl.	City & State Port St. Lucie, Fl.
Zip 34986	Zip 34986
Country USA	Country USA

6. Name and Address of Current Registered Agent CUSATO, R. CRAIG 1341 NW ST LUCIE W BLVD PT ST LUCIE, FL 34986		7. Name and Address of New Registered Agent Name: R. Craig Cusato Street Address (P.O. Box Number is Not Acceptable): 316 NW Bethany Dr. City: Port St. Lucie FL Zip: 34986	
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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: 	DATE: 10/10/07
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CUSATO, R. CRAIG 1341 NW ST LUCIE WEST BLVD PORT ST LUCIE, FL 34986 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	800110947138 10/18/07--01021--010 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 	DATE: 10/10/07 (712) 8787501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	