

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000033056

**Entity Name:** HOWARD FINNK, DDS, P.A.

**FILED**  
**Oct 05, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

9831 FAIRWAY COVE LN  
PLANTATION, FL 33324

**New Principal Place of Business:**

10071 SUNSET STRIP  
SUNRISE, FL 33322

**Current Mailing Address:**

9831 FAIRWAY COVE LN  
PLANTATION, FL 33324

**New Mailing Address:**

10071 SUNSET STRIP  
SUNRISE, FL 33322

**FEI Number:** 35-2163655

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAFT, STEINLAUF & CO  
1200 SOUTH PINE ISLAND RD.  
CORNERSTONE ONE, SUITE 475  
PLANTATION, FL 33324 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: DANIEL STEINLAUF

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: FINNK, HOWARD  
Address: 10071 SUNSET STRIP  
City-St-Zip: SUNRISE, FL 33322

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: HOWARD FINNK

DR

10/05/2010

Electronic Signature of Signing Officer or Director

Date