

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000072238

FILED
Oct 05, 2006
Secretary of State

Entity Name: KALAMODEEN JUMAN, DDS, P.A.

Current Principal Place of Business:

8890 WEST OAKLAND PARK BLVD
SUITE 203
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

8890 WEST OAKLAND PARK BLVD
SUITE 203
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 06-1643912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JUMAN, KALAMODEEN
8890 WEST OAKLAND PARK BLVD
SUITE 203
SUNRISE, FL 33351 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: KALAMODEEN JUMAN

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JUMAN, KALAMODEEN
Address: 8890 W. OAKLAND PARK BLVD, STE 203
City-St-Zip: FORT LAUDERDALE, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KALAMODEEN JUMAN

D

10/05/2006

Electronic Signature of Signing Officer or Director

Date