

2008 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 01, 2008
Secretary of State**

DOCUMENT# P03000039253

Entity Name: BEAUTIFUL SMILES NORTH MIAMI, P.A.

Current Principal Place of Business:

1075 NW 125TH ST., SUITE 201
NORTH MIAMI BEACH, FL 33141

New Principal Place of Business:

Current Mailing Address:

1075 NW 125TH ST., SUITE 201
NORTH MIAMI BEACH, FL 33141

New Mailing Address:

10753 PARK BLVD
STE 101A
SEMINOLE, FL 33772

FEI Number: 11-3684116 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKER, RONIA D.D.S.
227 71ST STREET
MIAMI BEACH, FL 33141 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: RONIA BAKER

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: P () Delete
Name: BAKER, RONIA D.D.S.
Address: 1075 N.E. 125TH STREET, SUITE 201
City-St-Zip: MIAMI, FL 33161

Title: SEC () Delete
Name: BAKER, RONIA D.D.S.
Address: 1075 N.E. 125TH STREET, SUITE 201
City-St-Zip: MIAMI, FL 33161

Title: TRES () Delete
Name: BAKER, RONIA D.D.S.
Address: 1075 N.E. 125TH STREET, SUITE 201
City-St-Zip: MIAMI, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: RONIA BAKER

Electronic Signature of Signing Officer or Director

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10/01/2008

Date