

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000119692

Entity Name: KEVIN L. MARVIN DMD PA

**FILED**  
**Oct 03, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

4904 CLYDE MORRIS  
SUITE B  
PORT ORANGE, FL 32129

**New Principal Place of Business:**

**Current Mailing Address:**

4904 CLYDE MORRIS  
SUITE B  
PORT ORANGE, FL 32129

**New Mailing Address:**

FEI Number: 20-0305421

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MARVIN, KEVIN L  
6 DOUBLE BRANCH WAY  
ORMOND BCH, FL 32174 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: KEVIN L MARVIN, DMD

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MARVIN, KEVIN L  
Address: 6 DOUBLE BRANCH WAY  
City-St-Zip: ORMOND BEACH, FL 32174

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: KEVIN L MARVIN, DMD

OWNE

10/03/2014

Electronic Signature of Signing Officer or Director

Date