

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000060544

FILED
Mar 06, 2006
Secretary of State

Entity Name: GARINE PROSTHODONTICS, P.A.

Current Principal Place of Business:

18167 SE RIDGEWAY DR
TEQUESTA, FL 33469

New Principal Place of Business:

345 JUPITER LAKES BLVD
SUITE 304
JUPITER, FL 33458

Current Mailing Address:

18167 SE RIDGEWAY DR
TEQUESTA, FL 33469

New Mailing Address:

345 JUPITER LAKES BLVD
SUITE 304
JUPITER, FL 33458

FEI Number: 14-1906243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HRAWG CORP
% HODGSON RUSS LLP
1801 N MILITARY TRAIL, STE 200
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

THE LAW OFFICE OF PAUL J. BURKHART
800 VILLAGE CROSSING
SUITE 108
PALM BEACH GARDENS, FL 33410 US

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: PAUL J. BURKHART, ESQ

03/06/2006

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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Change (X) Addition
Name: GARINE, WAEL N
Address: 345 JUPITER LAKES BLVD, SUITE 304
City-St-Zip: JUPITER, FL 33458

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: WAEL N GARINE, DDS

P

03/06/2006

Electronic Signature of Signing Officer or Director

Date