

**2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000111515

**FILED  
Apr 27, 2011  
Secretary of State**

**Entity Name:** ROLANDO PONCE, D.D.S., P.A.

**Current Principal Place of Business:**

14916 EVERSINE ST.  
TAMPA, FL 33624

**New Principal Place of Business:**

**Current Mailing Address:**

14916 EVERSINE ST.  
TAMPA, FL 33624

**New Mailing Address:**

FEI Number: 57-1212495

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PONCE, ROLANDO D.D.S.  
14916 EVERSINE ST  
TAMPA, FL 33624 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: ROLANDO PONCE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: PONCE, ROLANDO D.D.S.  
Address: 14916 EVERSINE ST.  
City-St-Zip: TAMPA, FL 33624

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: ROLANDO PONCE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

04/27/2011

\_\_\_\_\_  
Date