

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000119067		
1. Entity Name JADE THOMAS, DDS, P.A.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 13 AM 11:24

Principal Place of Business 2385 SE FEDERAL HIGHWAY STUART, FL 34997 US	Mailing Address 2385 SE FEDERAL HIGHWAY STUART, FL 34997 US
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REINSTATEMENT *dc*



2. Principal Place of Business		3. Mailing Address	
State/Province	Country	State/Province	Country
City & State	City & State	City & State	City & State
Zip	Country	Zip	Country

10102006 REIN-P CR2E098 (11/05)

4. Fee Number 20-1498646	Not Applicable
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5. Certificate of Status Fee	☐ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent THOMAS, JADE 2385 SE FEDERAL HIGHWAY STUART, FL 34997	
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7. Name and Address of New Registered Agent	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above information was submitted for the purpose of changing the registered office or registered agent or both in the state of Florida. I am hereby certifying and accept the obligations of registered agent.

NOTE: Registered Agent signature required when reinstating.

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
NAME THOMAS, JADE	☐ Change ☐ Addition	NAME THOMAS, JADE	☐ Change ☐ Addition
STREET ADDRESS 2385 SE FEDERAL HIGHWAY		STREET ADDRESS 2385 SE FEDERAL HIGHWAY	
CITY/STATE/ZIP STUART, FL 34997		CITY/STATE/ZIP STUART, FL 34997	
NAME THOMAS, JADE	☐ Change ☐ Addition	NAME THOMAS, JADE	☐ Change ☐ Addition
STREET ADDRESS 2385 SE FEDERAL HIGHWAY		STREET ADDRESS 2385 SE FEDERAL HIGHWAY	
CITY/STATE/ZIP STUART, FL 34997		CITY/STATE/ZIP STUART, FL 34997	
NAME THOMAS, JADE	☐ Change ☐ Addition	NAME THOMAS, JADE	☐ Change ☐ Addition
STREET ADDRESS 2385 SE FEDERAL HIGHWAY		STREET ADDRESS 2385 SE FEDERAL HIGHWAY	
CITY/STATE/ZIP STUART, FL 34997		CITY/STATE/ZIP STUART, FL 34997	

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10/13/06--01048--009 **150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information contained in this report or supplementary report is true and accurate and that my signature shall have the same legal effect as if made under oath. This form is a public record of the filing of the report or supplementary report and is subject to public inspection and copying. I understand that the information contained in this report or supplementary report is subject to public inspection and copying.

SIGNATURE: <i>Jade Thomas</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
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