

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 12 AM 10:22

DOCUMENT # P06000091233	
1. Entity Name HOUMAN DEHDASHTI, DMD, P.A.	

Principal Place of Business 11185 WATERFORD AVENUE ENGLEWOOD, FL 34224	Mailing Address 11185 WATERFORD AVENUE ENGLEWOOD, FL 34224
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2. Principal Place of Business - No P.O. Box # 2300 TAMAMI TR	3. Mailing Address 11185 Waterford Ave
City & State Port Charlotte, FL	Suite, Apt. #, etc.

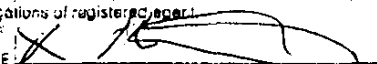
City & State Port Charlotte, FL	City & State Englewood
Zip 33957	Country Charlotte
Zip 34224-7970	Country

6. Name and Address of Current Registered Agent DASHTI, ALI DEH 11185 WATERFORD AVENUE ENGLEWOOD, FL 34224	
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10082007 REIN-P CR2E098 (1/07)

4. Fee Number 20-6240557	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

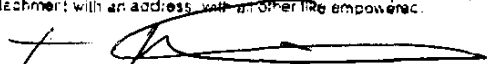
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. 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. I am familiar with, and accept, the obligations of registered agent.	
SIGNATURE 	DATE
(NOTE: Registered Agent signature required when reinstated)	

FILE NOW!! FEE IS \$150.00 After January 1, 2008, 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 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEHDASHTI, HOUMAN DMD 11185 WATERFORD AVENUE ENGLEWOOD, FL 34224 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700110736011 10/12/07--01053--009 **150.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with another line empowered.
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SIGNATURE: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date	Daytime Phone