

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000103068

Entity Name: PATRICIA M. JAQUEZ, DMD, INC.

FILED
Oct 05, 2007
Secretary of State

Current Principal Place of Business:

17910 NW 19TH ST.
PEMBROKE PINES, FL 33029 US

New Principal Place of Business:

Current Mailing Address:

17910 NW 19TH ST.
PEMBROKE PINES, FL 33029 US

New Mailing Address:

FEI Number: 65-1288070

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JAQUEZ, PATRICIA M
5901 PALM TRACE LANDINGS DR
307
DAVIE, FL 33314 US

Name and Address of New Registered Agent:

JAQUEZ, PATRICIA M
17910 NW 19TH ST
PEMBROKE PINES, FL 33029 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: PATRICIA JAQUEZ

10/05/2007

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: P () Delete
Name: JAQUEZ, PATRICIA M
Address: 5901 PALM TRACE LANDINGS DR., APT. 307
City-St-Zip: DAVIE, FL 33314 US

Title: VP () Delete
Name: PICHARDO, VICTOR A
Address: 5901 PALM TRACE LANDINGS DR.
City-St-Zip: DAVIE, FL 33314 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JAQUEZ, PATRICIA M
Address: 17910 NW 19TH ST
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: VP (X) Change () Addition
Name: PICHARDO, VICTOR A
Address: 17910 NW 19TH ST
City-St-Zip: PEMBROKE PINES, FL 33029 US

I hereby certify that the information supplied with this filing does not qualify 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: PATRICIA M. JAQUEZ

DR

10/05/2007

Electronic Signature of Signing Officer or Director

Date