## 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000135833

Entity Name: SMILE DESIGNS BY DR. CHARLOTTE GERRY, P.A.

FILED Jun 08, 2008 Secretary of State

Place of Business:

16320 CROAKER RD 857 S. W. MAIN BLVD JACKSONVILLE, FL 32226 STE 105

LAKE CITY, FL 32025

Current Mailing Address: New Mailing Address:

16320 CROAKER RD 7050 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32226 JACKSONVILLE, FL 32211

FEI Number: 20-5795059 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

WALLACE, ROBERT 3805 UNIVERSITY BLVD W JACKSONVILLE, FL 32217 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: ROBERT WALLACE

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 ( ) Delete
 Title:
 DR ( ) Change (X) Addition

 Name:
 Name:
 GERRY, CHARLOTTE Y DMD

 Address:
 Address:
 7505 ARLINGTON EXPRESSWAY

 City-St-Zip:
 City-St-Zip:
 JACKSONVILLE, FL 32211

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: CHARLOTTE YVONNE GERRY PRES 06/08/2008