


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000151031	
1. Entity Name JOSE ENRIQUE GARCIA, D.D.S., P.A.	

Principal Place of Business 963 TOWN CENTER DRIVE SUITE 200 ORANGE CITY, FL 32763	Mailing Address 963 TOWN CENTER DRIVE SUITE 200 ORANGE CITY, FL 32763
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2. Principal Place of Business - No P.O. Box # 1081 Town Center Dr.	3. Mailing Address 1081 Town Center Dr.
Suite, Apt. #, etc. Suite 100	Suite, Apt. #, etc. Suite 100
City & State Orange City, FL	City & State Orange City, FL
Zip 32763	Country USA

6. Name and Address of Current Registered Agent GARCIA, JOSE ENRIQUE D.D.S. 963 TOWN CENTER DRIVE SUITE 200 ORANGE CITY, FL 32763	7. Name and Address of New Registered Agent Name Garcia, Jose Enrique, D.D.S. Street Address (P.O. Box Number is Not Acceptable) 1081 Town Center Dr. Suite 100 City Orange City FL Zip Code 32763
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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 Jose E. Garcia D.D.S., P.A. DATE 10/19/07

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> 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 GARCIA, JOSE ENRIQUE D.D.S. 963 TOWN CENTER DRIVE, SUITE 200 ORANGE CITY, FL 32763 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1081 Town Center Dr., Ste 100 Orange City, FL 32763 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200111301412 10/24/07--01049--010 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>10/26</u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: Jose E. Garcia D.D.S., P.A. DATE 10/19/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
07 OCT 24 PM 1:09  
TALLAHASSEE, FLORIDA



REINSTATEMENT 07