

# **2008 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000156395

Entity Name: BEAUTIFUL SMILES-SUNRISE, PA

**FILED**  
**Oct 01, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

4229 N PINE ISLAND RD  
SUNRISE, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

7985 113TH STRREET N  
325  
SEMINOLE, FL 33772

**New Mailing Address:**

10753 PARK BLVD  
STE 101A  
SEMINOLE, FL 33772

FEI Number: 20-8151732

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BAKER, SHERIFF  
926 GOLF VALLLEY DRIVE  
APOPKA, FL 32712 US

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

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: SHERIFF BAKER

\_\_\_\_\_  
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: STD ( ) Delete  
Name: BAKER, SHERIFF  
Address: 5537 WEST OAKLAND PARK BLVD  
City-St-Zip: FT LAUDERDALE, FL 33313

Title: PD ( ) Delete  
Name: BAKER, RONIA  
Address: 5537 WEST OAKLAND PARK BLVD  
City-St-Zip: FT LAUDERDALE, FL 33313

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SHERIFF BAKER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

STD

10/01/2008

\_\_\_\_\_  
Date