

# 2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000048284

**FILED**  
**Dec 10, 2010**  
**Secretary of State**

**Entity Name:** WEST KENDALL DENTAL ASSOCIATES, INC.

**Current Principal Place of Business:**

11880 SW 40 ST  
302  
MIAMI, FL 33175

**New Principal Place of Business:**

**Current Mailing Address:**

11880 SW 40 ST  
302  
MIAMI, FL 33175

**New Mailing Address:**

**FEI Number:** 20-8892736

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SURI, ALBA  
3221 SW 105TH CT  
MIAMI, FL 33165 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: ALBA SURI

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PVST  
Name: SURI, ALBA  
Address: 3221 SW 105TH CT  
City-St-Zip: MIAMI, FL 33165

I hereby 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 all other like empowered.

SIGNATURE: ALBA SURI

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

PVST

12/10/2010

\_\_\_\_\_  
Date