

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000042644

**FILED**  
**Jan 27, 2010**  
**Secretary of State**

**Entity Name:** GENTLE BREEZE FAMILY DENTISTRY, PA

**Current Principal Place of Business:**

6880 W COUNTY HIGHWAY 30A  
SANTA ROSA BEACH, FL 32459 US

**New Principal Place of Business:**

**Current Mailing Address:**

7325 LYNNWOOD AVE. N.  
ST. PETERSBURG, FL 33710 US

**New Mailing Address:**

492 W. HARBORVIEW RD  
SANTA ROSA BEACH, FL 32459 US

**FEI Number:** 26-2501929

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHOCHET, RANDALL M  
6308 GRAND CYPRESS CIRCLE  
LAKE WORTH, FL 33463 US

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

ORR, JAMES E  
492 W. HARBORVIEW RD  
SANTA ROSA BEACH, FL 32459 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:** JAMES E. ORR

01/27/2010

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, D  
**Name:** ORR, TANYA  
**Address:** 492 W. HARBORVIEW RD  
**City-St-Zip:** SANTA ROSA BEACH, FL 32459 US

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:** TANYA ORR

DDS

01/27/2010

Electronic Signature of Signing Officer or Director

Date