

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P09000053924

FILED
Oct 04, 2011
Secretary of State

Entity Name: WILLYE MALVEAUX DENT, P. A.

Current Principal Place of Business:

5326 VAN DYKE ROAD
LUTZ, FL 33558

New Principal Place of Business:

5334 VAN DYKE ROAD
LUTZ, FL 33558

Current Mailing Address:

P.O.BOX 341305
TAMPA, FL 33694 13

New Mailing Address:

P.O.BOX 341305
TAMPA, FL 33694

FEI Number: 27-0408728

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DENT, WILLYE M ESQ,
5326 VAN DYKE ROAD
LUTZ, FL 33558 US

Name and Address of New Registered Agent:

DENT, WILLYE M ESQ,
5334 VAN DYKE ROAD
LUTZ, FL 33558 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: WILLYE MALVEAUX DENT

10/04/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: DENT, WILLYE M
Address: 5334 VAN DYKE ROAD
City-St-Zip: LUTZ, FL 33558

Title: SEC
Name: DENT, WILLYE M
Address: 5334 VAN DYKE ROAD
City-St-Zip: LUTZ, FL 33558

Title: T
Name: DENT, WILLYE M
Address: 5334 VAN DYKE ROAD
City-St-Zip: LUTZ, FL 33558

Title: DIR
Name: DENT, WILLYE M
Address: 5334 VAN DYKE ROAD
City-St-Zip: LUTZ, FL 33558

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: WILLYE MALVEAUX DENT

P

10/04/2011

Electronic Signature of Signing Officer or Director

Date