

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000099766

**FILED**  
**Oct 09, 2013**  
**Secretary of State**

**Entity Name:** DOUGLAS HERRERA, DDS, MSCD, PA

**Current Principal Place of Business:**

1850 S. OCEAN DR., #3308  
HALLANDALE BEACH, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

1850 S. OCEAN DR., #3308  
HALLANDALE BEACH, FL 33009

**New Mailing Address:**

20533 BISCAYNE BLVD, SUITE 362  
AVENTURA, FL 33180

**FEI Number:** 37-1616867

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HERRERA, DOUGLAS M DR  
1850 S. OCEAN DR  
3308  
HALLANDALE BEACH, FL 33009 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:** DOUGLAS HERRERA

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** DR  
**Name:** HERRERA, DOUGLAS M DR  
**Address:** 1850 S OCEAN DR UNIT 3308  
**City-St-Zip:** HALLANDALE BEACH, FL 33009

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:** DOUGLAS HERRERA

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

DR

10/09/2013

\_\_\_\_\_  
Date