

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000099747

**FILED**  
**Oct 14, 2012**  
**Secretary of State**

**Entity Name:** FABIOLA M LIENDO DDS CORP.

**Current Principal Place of Business:**

9370 SW 8TH STREET  
312  
BOCA RATON, FL 33428

**New Principal Place of Business:**

7260 NW 108TH WAY  
PARKLAND, FL 33076

**Current Mailing Address:**

PO BOX 8486  
CORAL SPRINGS, FL 33075

**New Mailing Address:**

7260 NW 108TH WAY  
PARKLAND, FL 33076

**FEI Number:** 45-3835162

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LIENDO, FABIOLA M  
9370 SW 8TH STREET  
312  
BOCA RATON, FL 33428 US

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

LIENDO, FABIOLA M  
7260 NW 108TH WAY  
PARKLAND, FL 33076 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: FABIOLA M LIENDO

10/14/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LIENDO, FABIOLA M  
Address: 7260 NW 108TH WAY  
City-St-Zip: PARKLAND, FL 33076

Title: TR  
Name: LIENDO, FABIOLA M  
Address: 7260 NW 108TH WAY  
City-St-Zip: PARKLAND, FL 33076

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: FABIOLA M LIENDO

P

10/14/2012

Electronic Signature of Signing Officer or Director

Date