

**2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P93000020978

**FILED**  
**Feb 08, 2010**  
**Secretary of State**

**Entity Name:** VIVIAN MEDINA, D.D.S. PA.

**Current Principal Place of Business:**

15711 MAPLEDALE BLVD  
STE B  
TAMPA, FL 33624 US

**New Principal Place of Business:**

**Current Mailing Address:**

15711 MAPLEDALE BLVD  
STE B  
TAMPA, FL 33624 US

**New Mailing Address:**

**FEI Number:** 59-3196721      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

MEDINA, VIVIAN  
13518 WESTHIRE DR  
TAMPA, FL 33618 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: VIVIAN MEDINA

\_\_\_\_\_  
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  
Name: MEDINA, VIVIAN  
Address: 13518 WESTHIRE DR  
City-St-Zip: TAMPA, FL 33618

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: VIVIAN MEDINA

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

PRES

02/08/2010

\_\_\_\_\_  
Date