

2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P93000059561

**FILED
Jan 03, 2013
Secretary of State**

Entity Name: KONIS FAMILY DENTISTRY, P.A.

Current Principal Place of Business:

6018 SW 18TH STREET
SUITE C5
BOCA RATON, FL 33433 US

New Principal Place of Business:

Current Mailing Address:

6018 SW 18TH STREET
SUITE C5
BOCA RATON, FL 33433 US

New Mailing Address:

FEI Number: 65-0432079 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KONIS, ALLEN B D.D.S
6018 SW 18TH STREET, SUITE C5
BOCA RATON, FL 33433 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: ALLEN B. KONIS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DR
Name: KONIS, ALLEN B
Address: 12443 NW 63RD STREET
City-St-Zip: CORAL SPRINGS, 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: ALLEN B. KONIS

Electronic Signature of Signing Officer or Director

OWNE

01/03/2013

Date