

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P93000062861

Entity Name: LARRY B. KAWA, D.D.S., P.A.

FILED  
Oct 27, 2008  
Secretary of State

## Current Principal Place of Business:

20423 STATE RD 7  
#F-18  
BOCA RATON, FL 33498 US

## Current Mailing Address:

20423 STATE RD 7  
#F-18  
BOCA RATON, FL 33498 US

FEI Number: 65-0432024

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KAWA, LARRY B.  
19189 NATURES VIEW CT  
BOCA RATON, FL 33498 US

## New Principal Place of Business:

20423 STATE RD 7  
SUITE F-18  
BOCA RATON, FL 33498 US

## New Mailing Address:

20423 STATE RD 7  
SUITE F-18  
BOCA RATON, FL 33498 US

## Name and Address of New Registered Agent:

THE LAW OFFICES OF JEFFREY J. GALVAN, P.A.  
1900 NW CORPORATE BLVD.  
SUITE 305 WEST  
BOCA RATON, FL 33431 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: JEFFREY J. GALVAN

10/27/2008

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 ( ) Delete  
Name: KAWA, LARRY  
Address: 19189 NATURES VIEW CT  
City-St-Zip: BOCA RATON, FL 33498

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: KAWA, LARRY DR.  
Address: 19189 NATURES VIEW CT  
City-St-Zip: BOCA RATON, FL 33498

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DR. LARRY KAWA

PRES

10/27/2008

Electronic Signature of Signing Officer or Director

Date