


2006 FOR PROFIT CORPORATION REINSTATEMENT

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|--|--|---------|--|--|--|---|--|
| DOCUMENT # P93000085931 1. Entity Name JEAN PIERRE PONTIER, D.M.D., P.A. | | | |  | | FILED 06 OCT 18 AM 10:11 DEPT. OF STATE TALLAHASSEE, FLORIDA | |
| Principal Place of Business 667 OCEAN SHORE BLVD. ORMOND BEACH, FL 32176 | | | | Mailing Address 667 OCEAN SHORE BLVD. ORMOND BEACH, FL 32176 | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | | | City & State | | | |
| Zip | | Country | | Zip | | Country | |
| 6. Name and Address of Current Registered Agent PONTIER, JEAN P 667 OCEAN SHORE BLVD. ORMOND BEACH, FL 32176 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | 4. FEI Number 59-3211972 | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00 | | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| DR PONTIER, JEAN P 667 OCEAN SHORE BLVD. ORMOND BEACH, FL 32176 | | | | 200020256989 10/19/06--01055--016 **150.00 | | | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | | | |
| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | | | |
| Date: 10/11/06 Daytime Phone # _____ | | | | | | | |