


2004 FOR PROFIT CORPORATION REINSTATEMENT

10f2

DOCUMENT # P95000095682

1. Entity Name
DENTIQUE, P.A.



FILED

04 NOV 22 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1160 KANE CONCOURSE, STE. 202
BAY HARBOR ISLANDS, FL 33154

Mailing Address
1160 KANE CONCOURSE, STE. 202
BAY HARBOR ISLANDS, FL 33154



REINSTATEMENT

11-22-04 REINSTATED CR2E098 (6/04) 04

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
65-0627091

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~SALOVIN, ALLAN
777 S. FLAGLER DR., STE. 310 (EAST)
WEST PALM BEACH, FL 33401~~

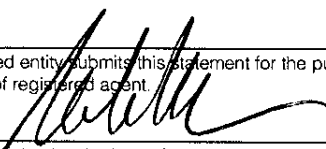
7. Name and Address of New Registered Agent

Name: SASHA WINDERBAUM

Street Address (P.O. Box Number is Not Acceptable): 1160 KANE CONCOURSE #202

City: BAY HARBOR ISL FL Zip Code: 33154

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.

SIGNATURE:  DATE: 11-19-04

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

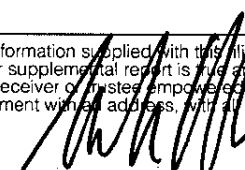
10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WINDERBAUM, SASHA A | |
| STREET ADDRESS | 1160 KANE CONCOURSE, STE. 202 | |
| CITY-ST-ZIP | BAY HARBOR ISLANDS, FL 33154 | |
| TITLE | PST | <input type="checkbox"/> Delete |
| NAME | WINDERBAUM, SASHA | |
| STREET ADDRESS | 1160 KANE CONCOURSE, STE. 202 | |
| CITY-ST-ZIP | BAY HARBOR ISLANDS, FL 33154 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 500043127785 | |
| STREET ADDRESS | 12/02/04--01035--008 | |
| CITY-ST-ZIP | **150.00 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  SASHA WINDERBAUM DATE: 11-19-04 DAYTIME PHONE #: 305 867 8997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 of 2

GERSTLE, ROSEN & ASSOCIATES, P.A.

Certified Public Accountants

Mark R. Gerstle, C.P.A.

Robert N. Rosen, C.P.A.

November 1, 2004

Divisions of Corporations
P.O. Box 6198
Tallahassee, FL 32314

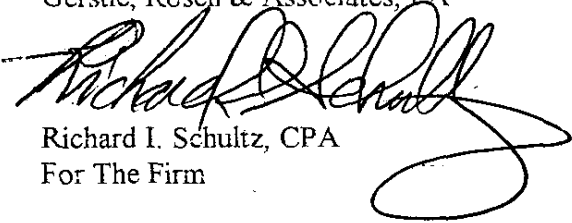
re: Dentique, PA
Document # P95000095682
2004

Dear Sir or Madam,

We are in receipt of your Notice Of Dissolution. Please be advised that the above mentioned taxpayer never received the original notice of renewal and until receiving the notice of dissolution he was not aware of any problem with the State of Florida. Enclosed, please find a check for \$150.00 to cover the annual renewal for 2004. We would appreciate you accepting this check as the taxpayer was not informed about the annual renewal fee because had the taxpayer been aware he would have paid the fee on a timely basis.

Thank you for your cooperation and understanding in this matter.

Yours truly,
Gerstle, Rosen & Associates, PA


Richard I. Schultz, CPA
For The Firm

enclosures

cc: Dr. Sasha Winderbaum

One Turnberry Place
19495 Biscayne Boulevard
Suite 705
Aventura, Florida 33180
Dade (305) 937-0116
Broward (954) 389-1616
Boca Raton (561) 347-8917
Palm Beach (561) 687-2192
Fax (305) 937-0128

Compson Financial Center
980 North Federal Highway
Suite 205
Boca Raton, Florida 33432
Phone (561) 447-4000
Fax (561) 447-4004

5100 Tamiami Trail North
Suite 103
Naples, Florida 34103
Phone: (239) 262-1773
Fax: (239) 263-0166