

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

07 NOV 21 PM 1:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\$15 11-27-07



**REINSTATEMENT** 07

<b>DOCUMENT # P96000031185</b> 1. Entity Name MARIA M. EGUSQUIZA, D.M.D.,P.A.					
Principal Place of Business 1441 FOREST HILL BLVD. #200 LAKE CLARKE SHORES, FL 33406		Mailing Address 1441 FOREST HILL BLVD. #200 LAKE CLARKE SHORES, FL 33406			
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0672013</b>	
6. Name and Address of Current Registered Agent  EGUSQUIZA, MARIA M 1441 FOREST HILL BLVD. #200 LAKE CLARKE SHORES, FL 33406				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code	
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 <i>Maria M. Egusquiza</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		MARIA M. EGUSQUIZA, PRESIDENT 11/17/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2008, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P EGUSQUIZA, MARIA M 1441 FOREST HILL BLVD. SUITE 200 LAKE CLARKE SHORES, FL 33406	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	900112474849 11/21/07--01011--007 **150.00
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an officer or trustee empowered.					
SIGNATURE <i>Maria M. Egusquiza</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		11-17-07 (601)547-0505 <small>Date</small>		Daytime Phone #	