

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P96000098413

**FILED**  
**Oct 19, 2010**  
**Secretary of State**

**Entity Name:** CHRIS A. CASTELLANO, D.M.D., P.A.

**Current Principal Place of Business:**

6917 US HWY 301 S  
RIVERVIEW, FL 33569 US

**New Principal Place of Business:**

6917 US HWY 301 S  
RIVERVIEW, FL 33578 US

**Current Mailing Address:**

6917 US HWY 301 S  
RIVERVIEW, FL 33569 US

**New Mailing Address:**

6917 US HWY 301 S  
RIVERVIEW, FL 33578 US

**FEI Number:** 65-0712090

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CASTELLANO, CHRIS DMD  
6917 US HWY 301 S  
RIVERVIEW, FL 33578 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:** CHRIS A. CASTELLANO DMD

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** CASTELLANO, CHRIS A DMD  
**Address:** 6917 US HWY 301 S  
**City-St-Zip:** RIVERVIEW, FL 33578 US

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:** CHRIS A. CASTELLANO DMD

P

10/19/2010

Electronic Signature of Signing Officer or Director

Date