

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000098898

Entity Name: PINES FAMILY DENTAL, INC.

FILED  
Nov 01, 2005  
Secretary of State

## Current Principal Place of Business:

20170 PINES BLVD  
#108  
PEMBROKE PINES, FL 33029

## New Principal Place of Business:

## Current Mailing Address:

20170 PINES BLVD  
#108  
PEMBROKE PINES, FL 33029

## New Mailing Address:

FEI Number: 65-0829942

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LIZASO, RAUL  
20170 PINES BLVD.  
# 108  
PEMBROKE PINES, FL 33024 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: LIZASO,RAUL

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: DP ( ) Delete  
Name: LIZASO, RAUL DMD  
Address: 18841 SW 29TH CT.  
City-St-Zip: HOLLYWOOD, FL 33029

Title: VP ( ) Delete  
Name: LIZASO, BEATRIZ  
Address: 18841 SW 29 CT  
City-St-Zip: MIRAMAR, FL 33029

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LIZASO,RAUL

Electronic Signature of Signing Officer or Director

DP

11/01/2005

Date