

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P97000085748

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**Entity Name:** TINA M. THOMAS, D.M.D., P.A.

**Current Principal Place of Business:**

5935 U.S. 27 NORTH  
SUITE 103  
SEBRING, FL 33870

**New Principal Place of Business:**

**Current Mailing Address:**

5935 U.S. 27 NORTH  
SUITE 103  
SEBRING, FL 33870

**New Mailing Address:**

**FEI Number:** 65-0798449

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THOMAS, TINA M D.M.D.  
5935 U.S. 27 NORTH  
SUITE 103  
SEBRING, FL 33870 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:** TINA THOMAS, DMD, PA

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:** DR  
**Name:** THOMAS, TINA M D.M.D.  
**Address:** 5935 U.S. 27 NORTH SUITE 103  
**City-St-Zip:** SEBRING, FL 33870

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:** TINA THOMAS, DMD, PA

CEO

01/08/2010

Electronic Signature of Signing Officer or Director

Date