

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000000378

**FILED**  
**Oct 05, 2005**  
**Secretary of State**

**Entity Name:** GUSTAVO RUIZ DE CASTILLA, D.M.D., P.A.

**Current Principal Place of Business:**

4129 WEST KENNEDY BLVD. STE. #1  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

4129 WEST KENNEDY BLVD. STE. #1  
TAMPA, FL 33609

**New Mailing Address:**

**FEI Number:** 59-3488215

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RUIZ DE CASTILLA, GUSTAVO  
4129 WEST KENNEDY BLVD  
SUITE 1  
TAMPA, FL 33609 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:** GUSTAVO RUIZ DE CASTILLA, D.M.D.

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D ( ) Delete  
**Name:** RUIZ DE CASTILLA, GUSTAVO  
**Address:** 4129 WEST KENNEDY BLVD., SUITE 1  
**City-St-Zip:** TAMPA, FL 33609

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** DMD (X) Change ( ) Addition  
**Name:** RUIZ DE CASTILLA, GUSTAVO  
**Address:** 4129 WEST KENNEDY BLVD., SUITE 1  
**City-St-Zip:** TAMPA, FL 33609

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:** GUSTAVO RUIZ DE CASTILLA

DR.

10/05/2005

Electronic Signature of Signing Officer or Director

Date