

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P98000021474

**FILED**  
**Oct 11, 2011**  
**Secretary of State**

**Entity Name:** SHERI L. WATKINS, D.M.D., P.A.

**Current Principal Place of Business:**

367 SR 80  
LABELLE, FL 33935

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1290  
LABELLE, FL 33975

**New Mailing Address:**

**FEI Number:** 65-0820768

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ROARK, DONALD A  
201 E. GOVERNMENT ST.  
PENSACOLA, FL 32501 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:** DONALD ROARK

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** WATKINS, SHERI L  
**Address:** 367 SR 80  
**City-St-Zip:** LABELLE, FL 33935

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:** SHERI L WATKINS

PRES

10/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date