

APPROVED PG 10F2

**2007 FOR PROFIT CORPORATION
REINSTATEMENT**

FILED
Mar 04, 2008 8:00 A.M.
Secretary of State

DOCUMENT # P98000023044			
1. Entity Name ANGEL GARCIA DDS P.A.			
Principal Place of Business 9101 PARK DRIVE MIAMI SHORES, FL 33138		Mailing Address 9101 PARK DRIVE MIAMI SHORES, FL 33138	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P.O. Box 297222 Suite, Apt. #, etc.	
City & State Miami, FL		City & State Pembroke Pines, FL	
Zip 33138	Country	Zip 33029	Country
6. Name and Address of Current Registered Agent GARCIA, ANGEL DDS PO. BOX 297222 PEMBROKE PINES, FL 33029		4. FEI Number 65-0819081 Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
		7. Name and Address of New Registered Agent Name: Angel Garcia DDS Street Address (P.O. Box Number is Not Acceptable): 9101 Park Dr. City: Miami FL Zip Code: 33138	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: [Signature] DATE: 2/25/08 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PST GARCIA, ANGEL DDS 9101 PARK DR MIAMI, FL 33138 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition 02/28/07 90010 026 \$150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition 500119354965 03/04/08--01016--006 **150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: [Signature]		2/25/08 786-487-9034	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

12/1/07 pg 2 of 2

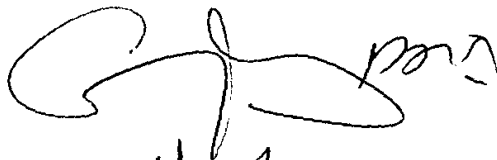
to whom it may concern

Please waive any outstanding
fee's for this application (\$750.⁰⁰/₁₀₀).

~~I was not aware that a P.O. Box~~
could not be used as an address,
and, as far as I knew everything was
O.K. until I received the bill with
the extra charge and no explanation.

Enclosed you have the signed
application with a street address

thank.



P.S. Let me know that you've
received my request so that
I can properly file this paper and close
the matter in hand.