APPROVED Pg 1 of 2

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	Mailing Address
9101 PARK DRIVE MIAMI SHORES, FL 33138	9101 PARK DRIVE ~~MIAMI SHORES, FL 33138~~ Do

REINSTATEMENT 07-08

CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 297222 Suite, Apt. #, etc.
City & State	City & State Pembroke Pines, FL
Zip / Country	Zip 33029 / Country Boswana

4. FEI Number
65-0819081
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GARCIA, ANGEL DDS PO.BOX 297222 PEMBROKE PINES, FL 33029	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 _____ DDS P. 2/25/08
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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: _____ 2/25/08 786-487-9934
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

to whom it may concern

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

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

Enclosed you have the signed application with a street address

thanks.

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