

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000066980

FILED
Jan 31, 2005
Secretary of State

Entity Name: RENE PIEDRA, DMD AND ASSOCIATES, P.A.

Current Principal Place of Business:

4651 PONCE DE LEON BLVD
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

4651 PONCE DE LEON BLVD
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 65-0854817

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIEDRA, RENE DMD
4651 PONCE DE LEON BLVD
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

SAT REGISTERED AGENTS, LLC
1500 SAN REMO AVENUE
SUITE 130
CORAL GABLES, FL 33146 US

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: STEPHEN A. TAYLOR

01/31/2005

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: PDST () Delete
Name: PIEDRA, RENE D.M.D.
Address: 4651 PONCE DE LEON BLVD., SUITE 100
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RENE PIEDRA

PDST

01/31/2005

Electronic Signature of Signing Officer or Director

Date