

# 2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# S30943

**FILED**  
**Mar 17, 2011**  
**Secretary of State**

**Entity Name:** OSVALDO GOMEZ, D.D.S., P.A.

**Current Principal Place of Business:**

415 WEST 29TH STREET  
SUITE C & D  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

415 WEST 29TH STREET  
SUITE C & D  
HIALEAH, FL 33012

**New Mailing Address:**

**FEI Number:** 65-0245491      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GOMEZ, OSVALDO  
415 WEST 29TH STREET  
SUITE C & D  
HIALEAH, FL 33012 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: OSVALDO GOMEZ

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: GOMEZ, OSVALDO  
Address: 16625 NW 84TH CT  
City-St-Zip: MIAMI LAKES, FL 33016

Title: SVD  
Name: GOMEZ, ELIZABETH  
Address: 16625 NW 84TH CT  
City-St-Zip: MIAMI LAKES, FL 33016

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: OSVALDO GOMEZ

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

PRES

03/17/2011

\_\_\_\_\_  
Date