

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # S84712 1. Entity Name LEANA B. THANOS DMD, PA						06 OCT 2006 11:25:51	
Principal Place of Business 1625 N. COMMERCE PARKWAY SUITE 220 WESTON, FL 33326				Mailing Address 1625 N. COMMERCE PARKWAY SUITE 220 WESTON, FL 33326			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 65-0290099						Applied For: ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent THANOS, LEANA B. 1625 N. COMMERCE PKWY, SUITE 220 FT. LAUDERDALE, FL 33326				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE: 10/13/06			
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THANOS, LEANA B. 1625 N. COMMERCE PARKWAY, SUITE 220 FT. LAUDERDALE, FL 33326			TITLE NAME STREET ADDRESS CITY-ST-ZIP	500081130405 10/24/06--01008--012 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE: 10/13/06 Daytime Phone #			