

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 22 PM 1:08

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F00000000806

1. Corporation Name

OASIS Alignment Services, Inc.

2. Principal Office Address

255 Pickering Road

Suite, Apt. #, etc.

City & State

Rochester, NH

Zip

03867

Country

3. Mailing Office Address

255 Pickering Road

Suite, Apt. #, etc.

City & State

Rochester, NH

Zip

03867

Country

4. Date Incorporated or Qualified
To Do Business In Florida

February 11, 2000

5. FEI Number

364336469

Applied

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

100004657971 --9

-10/23/01--01094-015

****758.75 **** 58.75

City

Plantation

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Connie Bryan

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date 10-22-01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTCD	Raymond L. Masse	255 Pickering Road	Rochester, NH 03867
D	Susan E. Masse	255 Pickering Road	Rochester, NH 03867
S	Richard A. Samuels	900 Elm Street	Manchester, NH 03101

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Richard A. Samuels

Richard A. Samuels, Secretary 10/19/01 (603) 625-6464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (8/00)