

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**APPLICATION FOR REINSTATEMENT**



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

FILED

99 NOV 19 AM 10:53

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P96000067386 (8)

1. Corporation Name

Orthodontix Subsidiary, Inc.

Principal Place of Business 2222 Ponce de Leon Blvd. <del>Penthouse Suite</del> Coral Gables, FL 33134	Mailing Address 2222 Ponce de Leon Blvd. <del>Penthouse Suite</del> Coral Gables, FL 33134
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*[Handwritten initials]*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable Suite, Apt. #, etc. <b>Suite 502</b> City & State	3. New Mailing Office Address, if Applicable Suite, Apt. #, etc. <b>Suite 502</b> City & State	4. Date Incorporated or Qualified To Do Business in Florida <b>8/14/1996</b>
5. FEI Number <b>65-0695655</b>		Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
DPST	F.W. Mort Guilford	2222 Ponce deLeon Blvd., Suite 502	Coral Gables, FL 33134

700003070557--1  
 -12/14/99--01111--001  
 \*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent Berman Wolfe Rennert Vogel & Mandler, P.A. 100 SE Second St. 35th Floor Miami, FL 33131-2130 Attn: Charles J. Rennert, Esq.	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code
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By being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  
 Signature of Registered Agent: *Charles Rennert* Date: **10-10-99**  
 REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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)(i), 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: *F.W. Mort Guilford* Date: **11/13/99** (305) 446-8661  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **F.W. Mort Guilford** Daytime Phone #

CR2506 (12/98)

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ORTHODONTIX SUBSIDIARY, INC.  
2222 PONCE DELEON BLVD., SUITE 502  
CORAL GABLES, FL 33134

November 10, 1999

**VIA REGISTERED MAIL**

Department of State  
P.O. Box 6327  
Tallahassee, FL 32314  
Attn: Reinstatements

Re: *Orthodontix Subsidiary, Inc./ Document number P96000067386 (the "Company")*

To whom it may concern:

Please find enclosed the following for the above-referenced Company: (i) an Application for Reinstatement and (ii) a check in the amount of \$150 for the annual report fee.

The Company is applying for reinstatement since it was administratively dissolved due to failure to file an Annual Report. The Company seeks to waive the \$600 reinstatement fee because it never received the Annual Report for the following reason: earlier this year, the Company relocated its offices to 2222 Ponce deLeon Blvd., Suite 502, Coral Gables, Florida 33134. The Company did not receive the annual report form.

If you have any questions, feel free to call me at (305) 446-8661.

Very truly yours,  
ORTHODONTIX SUBSIDIARY, INC.

By:   
Name: F.W. Mort Gullford  
Title: Director

Enclosures

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