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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 08-05

DOCUMENT # P00000006451

1. Corporation Name
ORTHONET HOLDINGS, INC.

2. Principal Office Address	3. Mailing Office Address
1311 Mamaroneck Avenue	
Suite, Apt. #, etc.: Suite 240	Suite, Apt. #, etc.
City & State: White Plains NY	City & State
Zip: 10605 Country: US	Zip Country

4. Date Incorporated or Qualified To Do Business In Florida: November 20, 2000

5. FEI Number: 133960641 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

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: Cynthia L Harris Cynthia L. Harris as its agent Date: 8/1/05

REGISTERED AGENT MUST SIGN

CR2E061 (01/04)

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
CEO	Roger S. Shedlin	1311 Mamaroneck Avenue, Suite 240	White Plains, NY 10605
VP	Kevin Kennedy	1311 Mamaroneck Avenue, Suite 240	White Plains, NY 10605
Director	Debora A. Guthrie	2213 Washington Circle NW	Washington, D.C. 20037
Director	Joseph F. Kelly, Jr	2213 Washington Circle NW	Washington, D.C. 20037
Director	Russell F. Warren	535 East 70th Street	New York, NY 10021

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)(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: Roger Shedlin Roger Shedlin CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State

Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

ORTHONET HOLDINGS, INC.

Certificate of Status	0
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Estimated Charge	$1,200.00