PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION [redacted]

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

FILED
01 NOV -8 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # F94000004714

1. Corporation Name
Orthodontic Centers of Florida, Inc.

2001 VBR

2. Principal Office Address	3. Mailing Office Address
3850 N. Causeway Blvd.	same
Suite, Apt. #, etc.: Suite 1040	Suite, Apt. #, etc.:
City & State: Metairie, LA	City & State:
Zip: 70002 Country: U.S.A.	Zip: Country:

4. Date Incorporated or Qualified To Do Business In Florida: 09/13/94

5. FEI Number: 72-1277097 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: ~~NRAI Services, Inc.~~ Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): ~~526 E. Park Avenue~~ 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: Laura R. Dunlap as its agent Date: 11/2/01
REGISTERED AGENT MUST SIGN

CR2E031 (8/00)

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
PD	Bartholomew F. Palmisano, Sr.	3850 N. Causeway Blvd. Suite 1040	Metairie, LA 70002
SD	Bartholomew F. Palmisano, JR.	SAME	SAME

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: Bart Palmisano 11-5-01 (504) 834-4392
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #