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LAW OFFICES OF
DOUGLAS K. SILVIS, P.C.

115 NEWARD STREET

P. O. BOX 1557

THOMASVILLE, GEORGIA 31799

DOUGLAS K. SILVIS, J.D.

CHRIS E. ANDROS, J.D.

TEL. (912) 228-4258

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January 27, 1995

Florida Secretary of State
Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

700001394277
-01/31/95--01036--010
*****78.75 *****78.75

RE: Application by Foreign Corporation
(Manatee Orthodontic Lab, Inc., a Georgia corporation)
for Authorization to Transact Business in Florida
Our File No.: 826.02491

To Whom It May Concern:

Pursuant to Section 607.1503(1) and other applicable Florida Statutes, please find enclosed the following items:

1. Completed application by foreign corporation for authority to transact business in Florida (2 pages).
2. Check for \$78.75 to cover the following:
 - a. \$35.00 for filing fee
 - b. \$35.00 for registered agent designation fee
 - c. \$8.75 for Certificate of Status
3. Transmittal Letter on form required.
4. Certificate of Existence from State of Georgia.

Please return a certificate of status to the undersigned.

Sincerely,

LAW OFFICES OF DOUGLAS K. SILVIS, P.C.

By: 

Douglas K. Silvis

cc: Dr. and Mrs. Tom C. Sexton
1814 Wimbledon Drive
Thomasville, GA 31792

Frank Mercer, C.P.A.
P.O. Box 1899
Thomasville, GA 31799-1899

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS

SUBJECT: MANATEE ORTHODONTIC LAB, INC., A Georgia Corporation
(Name of corporation - must include suffix)

Dear Sir or Madam:

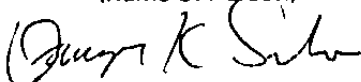
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Douglas K. Silvis
(Name of Person)
Law Offices of Douglas K. Silvis, P. C.
(Firm/Company)
P. O. Box 1557,
(Address)
Thomasville, GA 31799
(City, State and Zip Code)

Should you need to call someone concerning this matter, please call:

Douglas K. Silvis at (912) 228-4258
(Name of Person) Area Code & Daytime Telephone Number



COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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DIVISION OF CORPORATIONS
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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACT BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:**

1. NAWATTE ORTHODONTIC LAB, INC.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. GEORGIA 3. APPLIED FOR
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/14/95 5. PERPETUAL
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. JANUARY 1, 1995
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.))
7. 1384 TIMBERLANE ROAD
TALLAHASSEE, FLORIDA 32312
(Current mailing address)
8. OPERATION OF ORTHODONTIC LAB FOR DENTAL OFFICES
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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DIVISION OF CORPORATIONS
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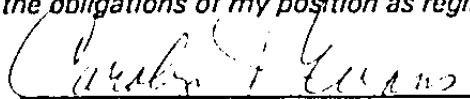
9. Name and street address of Florida registered agent:

Name: CAROLYN EVANS

Office Address: 1384 TIMBERLANE ROAD
TALLAHASSEE, Florida, 32312
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature) CAROLYN EVANS

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS

Director: Tom C. Sexton
Address: 1814 Wimbledon Drive
Thomasville, Georgia 31792

Treasurer: _____
Address: _____

13.

14. Rochelle G. Sexton, President and Chairman of the Board
(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE
DIVISION OF CONSTRUCTION
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Secretary of State
Corporations Division
Suite 315, West Tower
2 Martin Luther King Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 943640844
CONTROL NUMBER : 9432064
DATE INC/AUTH/FILED : 12/14/1994
JURISDICTION : GEORGIA
PRINT DATE : 12/30/1994
FORM NUMBER : 211

DOUGLAS K. SILVIS, ATTY.
115 SEWARD ST.
POB 1557
THOMASVILLE GA 31799-1557

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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CERTIFICATE OF EXISTENCE

I, MAX CLELAND, Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

MANATEE ORTHODONTIC LAB, INC.
A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above and was incorporated, formed, or authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution or certificate of cancellation with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Max Cleland

MAX CLELAND
SECRETARY OF STATE