PLEASE READ ALL INSTRUCTIONS BÉFORE COMPLETING THIS FORM.

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LIMITED LIABILITY COMPANY REINSTATEMENT	COMPANY Secretary of State		FILED 09 NOV 13 PM 4: 12		
DOCUMENT #			SECRETARY OF CTATE		
1. Limited Liability Company's Name Oceant Edge Professional Orthodonties, LLC			ΓZ	SECRETARY OF STATE NLLAHASSEE. FLORIDA	
# L0700066236				CR2E041 (12/07)	
2. Principal Office Address - No P.O. Box #	3. Mailing Office Address		, , , , , , , , , , , , , , , , , , , ,		
320 N.12 ST	14650 Johna Com		4. State/Country of Formation		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Date Organized or Qualified		
City & State	City & State		To Do Busi	ness in Florida 66/25/2007	
get. Ba, Fre	Jat, J.D.		6. FEI Number SSN= Applied For SSN = 306-46-85 45 Not Applicable		
31220 Country USA	32A50	Country	7	OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status	
Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. # 29.5 City State State FL State State FL Signature of Registered Agent REGISTERED A SENT MUST SIGN			A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.		
10. Names and Street Addresses of Managing Members/Managers					
Titles Name of Managing Members/Managi	ers	Street Address of Each Managing Member/Manag		City / State / Zip	
MGR Daniel J. Schalle 14650 Jelans			-B.	Jet 3.250	
			301 - 11/06/6	0152577323 8 01045 012 **377.50	
			• •	B	
	REINSTATEMENT 2008-09				
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Date 10/16/09 Daytime Phone # 904-323-4675					
Typed or printed name of signing Managing Member/Manager					