

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000103485

**FILED**  
**Apr 30, 2013**  
**Secretary of State**

**Entity Name:** ORTHODONTIC EXPORTS, LLC

**Current Principal Place of Business:**

3971 SW 8TH STREET  
MIAMI, FL 33134

**New Principal Place of Business:**

8800 NW 107 CT. BUILDING 10. #108  
DORAL, FL 33178

**Current Mailing Address:**

3971 SW 8TH STREET  
MIAMI, FL 33134

**New Mailing Address:**

8800 NW 107 CT. BUILDING 10. #108  
DORAL, FL 33178

**FEI Number:** 37-1652988

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAMAR, MARIO A  
3971 SW 8TH STREET  
MIAMI, FL 33134 US

**Name and Address of New Registered Agent:**

RINCONES, ORIANA  
8800 NW 107 CT. BUILDING 10. #108  
DORAL, FL 33178 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ORIANA RINCONES

04/30/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: RINCONES, ORIANA  
Address: 8800 NW 107 COURT BUILDING 10, APT 108  
City-St-Zip: DORAL, FL 33178

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ORIANA RINCONES

MGRM

04/30/2013

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date