

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 JAN 14 PM 1:46

DOCUMENT # **P00000038401**

1. Corporation Name

**SMILE ESTHETIC GROUP, INC.**

Principal Place of Business

2300 PALM BEACH LAKES BLVD.  
SUITE 100  
W. PALM BEACH FL 33409

Mailing Address

2300 PALM BEACH LAKES BLVD.  
SUITE 100  
W. PALM BEACH FL 33409

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/10/2000

5. FEI Number

36-4359900

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 01-02

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	PINCUS, LEWIS	2300 PALM BEACH LAKES BLVD., SUI	W. PALM BEACH FL 33409
<del>D</del>	<del>RUTLEDGE, WENDY</del>	<del>2300 PALM BEACH LAKES BLVD., SUI</del>	<del>W. PALM BEACH FL 33409</del>
D	MARTEL, VICTOR	2300 PALM BEACH LAKES BLVD., SUI	W. PALM BEACH FL 33409
			0000004794020--0 -01/24/02--01038--001 ****750.00 ****750.00
			11/15/01

8. Name and Address of Current Registered Agent

PINCUS, LEWIS  
2300 PALM BEACH LAKES BLVD.  
SUITE 100  
W. PALM BEACH FL 33409

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

0000004794020--0

-01/24/02--01038--002

\*\*\*\*150.00 \*\*\*\*150.00

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/15/01

11. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)