


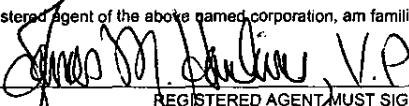
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
2003 UBR					
DOCUMENT # P00000063942					
1. Corporation Name USOrtho G.P., Inc.					
2. Principal Office Address 1801 N. Military Trail Suite, Apt. #, etc. Suite 200 City & State Boca Raton, FL Zip 33431 Country USA			3. Mailing Office Address 1801 N. Military Trail Suite, Apt. #, etc. Suite 200 City & State Boca Raton, FL Zip 33431 Country USA		

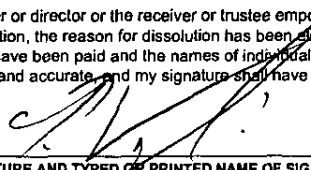
**FILED**  
**Jun 26, 2003 08:00 AM**  
**Secretary of State**

900021158729 06/26/03--01061--003 **300.00	
4. Date Incorporated or Qualified To Do Business in Florida 06/30/00	
5. FEI Number 98-0232253	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name HRAWG CORP.	
Street Address (P.O. Box Number is Not Acceptable) 1801 N. Military Trail	
Suite, Apt. #, Etc. Suite 200	
City Boca Raton	State FL Zip Code 33431

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  REGISTERED AGENT MUST SIGN	Date 6/25/03

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
PSTD	Phillip J. Vasyli	West Bay Street	Nassau, Bahamas

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Phillip J. Vasyli, President Date Daytime Phone #

PER PAT BAILY, 6/26/03.

CR2E081 (10/02)

June 12, 2003

Florida Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

Dear Sir/Madame:

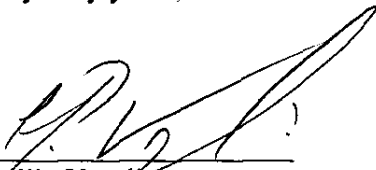
Re: USOrtho G.P., Inc.  
USOrtho L.P., Inc. (the "Corporations")

Please be advised that I did not receive the notice that advised me of the returned checks and of your intent to administratively dissolve the Corporations in 60 days.

I respectfully request that the reinstatement fee for each Corporation be waived due to the circumstances described above. Enclosed are the Corporation Reinstatements for each Corporation, together with check No. 5075 in the amount of \$300.00 (\$150 for each Corporation) and check No. 5096 in the amount of \$30.00 (\$15 unpaid fees and service charge for each Corporation), both made payable to the Florida Department of State. Also included within check No. 5096 is the amount of \$17.50 (\$8.75 for a certificate of status for each corporation).

Your cooperation is greatly appreciated in this matter.

Very truly yours,

  
\_\_\_\_\_  
Phillip Vasyh,  
President