2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000073670

Entity Name: CASTHELY ORTHODONTICS, P.A.

FILED Oct 12, 2005 Secretary of State

Littly Nan	ie. CASTIL	LI ORTHODONINGS, F.A.				
Current Principal Place of Business:				New Principal Place of Business:		
160 NE 82N MIAMI, FL	ND STREET 33138					
Current Mailing Address:				New Mailing Address:		
160 NE 82N MIAMI, FL	ND STREET 33138			1400 NE MIAMI GAR 101 MIAMI, FL 33179	DENS DRIVE	
FEI Number:	20-0111053	FEI Number Applied For ()	FEI Num	ber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
3531 GRIFF FT LAUDEF	RDALE, FL 3	3312 US				
The above in the State		submits this statement for the p	ourpose of	changing its registere	ed office or registered agent, or both,	
SIGNATUR	E: LUCIE C	ASTHELY				
	Electron	nic Signature of Registered Age	ent		Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	ot receive th	ne prior notice.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P (CASTHELY, F. 160 NE 82ND S MIAMI, FL 331	STREET		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (APOLLON, PIE 160 NE 82ND S MIAMI, FL 331	STREET		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUCIE CASTHELY DR 10/12/2005