## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION Secretary of State Secretary of State DIVISION OF CORPORATIONS  DOCUMENT # P05000008013  1. Corporation Name  The Right Smile, PA					0 3 3 3 3	9 JAN 21 PM 4: 33 ECRETARY OF STATE ALLIANASSEE, FILORIDA
			Office Address NW 37th Place		1	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		REINSTATEMENTO			
#104					4. Date Incorporated or Qualified To Do Business in Florida 01/18/2005	
City & State Orlando, FL		City & State Gainesville, FL		5. FEI Numbe 20-21652		
Zip 32828	Country US	<sup>Zip</sup> 32606	Coun	try	6. CERTIFICATE OF STATUS DESIRED S8.75	
Name Castro, Axel  Street Address (P.O. Box Number is Not Acceptable) 9507 Fenrose Terrace  Suite, Apt. #, Etc.  City Orlando  State FL  Zip Code 32827					<ul> <li>☑ The 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 reinstatement fee be waived.</li> </ul>	
8. I, being appointed Signature of Registered Agent	d the registered agent of the al	powe named corporation		with and accept the c	obligations of section	Date 1/14/09
	et Addresses of Each Officer a	nd/or Director (Florida no		orations must list at k		
D, P Castro	Officers and/or Directors			Officer and/or Directorse Se Terrace		City / State / Zip Orlando, FL 32827
	Castro, Axel  Morales, Maribel			se Terrace		Orlando, FL 32827
					<b>81</b> 01/21	00141664928 /0901030013 **450.00
this reinstatement owed by the corp	nt application, the reason for di	ssolution has been elimina e names of individuals list signature shall have the	ated, the collection of the co	rporate name satisfier orm do not qualify for effect as if made unde	s the requirements an exemption con	opter 607 or 617, F.S. I further certify that when filing to f section 607.0401 or 617.0401, F.S., that all fees tained in Chapter 119, F.S. The information indicated