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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 JUN -6 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000007940

1. Corporation Name

Orthodontic Centers of America, Inc.

2. Principal Office Address	**3.** Mailing Office Address
3850 N. Causeway Blvd.	3850 N. Causeway Blvd.
Suite, Apt #, etc,	Suite, Apt. #, etc.
Suite 1040	Suite 1040
City & State	City & State
Metairie, LA	Metairie LA
Zip / Country	Zip / Country
70002 USA	70002 USA

4. Date Incorporated or Qualified To Do Business in Florida 1/29/93

5. FEI Number 72-1278948 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

100005753621--0
-06711/02--01071--015
***1958.75 ***1958.75

City: Plantation | State: FL | Zip Code: 33324

8. I, being appointed the registered agent of the abode named corporation, am familiar with and accept the obligations of section 607.0505 or 61 7.0503, VS.

Signature of Registered Agent Connie Bryan CONNIE BRYAN SPECIAL ASSISTANT SECRETARY Date 6/6/02
REGISTERED AGENT MUST SIGN

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
	See Exhibit A		

1800.00-Adm
61.25-AR
88.75-ARSupp
8.75-Cert
94-000

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 61 T, 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: Bart Palmisano Jr. Bartholomew F. Palmisano, Jr. 6/5/02 504-834-4392
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 09/18/01 C T System Online

EXHIBIT A

Titles	Names of Officers and Directors	Street Address	City/State/Zip
P/D/C	Bartholomew F. Palmisano, Sr.	3850 N. Causeway Blvd., Suite 1040	Metairie, LA 70002
S	Bartholomew F. Palmisano, Jr.	3850 N. Causeway Blvd., Suite 1040	Metairie, LA 70002
VP/D	Dennis J. L. Buchman, D.M.D., M.S.	3850 N. Causeway Blvd., Suite 1040	Metairie, LA 70002
T	John C. Glover	3850 N. Causeway Blvd., Suite 1040	Metairie, LA 70002
D	Ashton J. Ryan, Jr.	3850 N. Causeway Blvd., Suite 1040	Metairie, LA 70002
D	W. Dennis Summers	3850 N. Causeway Blvd., Suite 1040	Metairie, LA 70002
D	Edward J. Walters, Jr.	3850 N. Causeway Blvd., Suite 1040	Metairie, LA 70002
D	Hector M. Bush, D.M.D.	3850 N. Causeway Blvd., Suite 1040	Metairie, LA 70002
D	Jack P. Devereux, Jr., D.D.S., M.S.	3850 N. Causeway Blvd., Suite 1040	Metairie, LA 70002
D	John J. Sheridan, D.D.S., M.S.D.	3850 N. Causeway Blvd., Suite 1040	Metairie, LA 70002
D	David W. Vignes	3850 N. Causeway Blvd., Suite 1040	Metairie, LA 70002