PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC -8 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000064746**

1. Corporation Name

PRO-CARE ORTHODONTIC LABORATORY, INC.

000025388660
12/10/03--01042--006 **150.00

Principal Place of Business	Mailing Address
8890 SW 24TH STREET SUITE 216 MIAMI FL 33165 US	PO BOX 832642 MIAMI FL 33283-2642 US

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

REINSTATEMENT 03

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc. P.O. BOX 352438
City & State	City & State MIAMI, FL.
Zip / Country	Zip 33135 / Country US

4. Date Incorporated or Qualified To Do Business in Florida: 09/16/1993

5. FEI Number: 65-0436692 ☐ Applied For ☐ Not Applicable

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

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PST	GUTIERREZ, JOSE E	8890 SW 24TH STREET, SUITE 216	MIAMI FL 33165
			12/8

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
GUTIERREZ, JOSE E 8890 SW 24TH STREET SUITE 216 MIAMI FL 33165	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State FL / Zip Code

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent Jose E Gutierrez Date

REGISTERED AGENT MUST SIGN

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 Jose E. Gutierrez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PRO-CARE ORTHODONTIC LABORATORY, INC.
8892 S. W. 24 STREET, MIAMI, FLORIDA 33165
305-461-5500

Dec. 4, 2003

Mr. Sean Tonner
Division of Corporations
Tallahassee, Florida 32314

Dear Mr. Tonner:

As my telephone call, our P.O. Box has been closed and our mail forwarded to our business address has been lost many times as in our building the main tenant is Leon Medical Center who have 90% of the units. I recently got the notice I enclose from them.

I am enclosing the $150.00 payment and the signed form along with a change of address to make sure it arrive correctly next year.

Thanks,

Jose E. Gutierrez, President