FILED H05000273983 3
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 29 PM 4:00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 NOV 29 PM 4:00
SECRETARY OF STATE
DIVISION OF CORPORATIONS

**DOCUMENT # P96000041048**

1. Corporation Name
SIMON ORTHODONTIC CENTERS, P.A.
13716 S.W. 84TH STREET
MIAMI FL 33183

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 13716 S.W. 84TH STREET | 13716 S.W. 84TH STREET |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: MIAMI FL | City & State |
| Zip: 33183 Country: USA | Zip Country |

CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida: 05-04-96
5. FEI Number: 65-0684952 ☐ Applied For ☐ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent
Name: Corpco, Inc.
Street Address (P.O. Box Number is Not Acceptable): 2699 S. Bayshore Drive, 7th Floor
Suite, Apt. #, Etc.
City: Miami State: FL Zip Code: 33133

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0303, F.S.
Signature of Registered Agent: Michael Corpco as President
REGISTERED AGENT MUST SIGN
Date: November 28, 2005

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

| Title | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---|---|---|---|
| D P | Jan A. Simon | 13716 S.W. 84TH STREET | MIAMI, FL 33183 |
| | | | |
| | | | |
| | | REINSTATEMENT 03-05 | |
| | | | |
| | | | |

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 and knowledge serve legal effect as if made under oath.

SIGNATURE: [signature] 11/28/05 305 385 0911
SIGNATURE AND TYPED OR PRINTED NAME OF INCOMING OFFICER OR DIRECTOR — Date — Daytime Phone #

# Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

## CORPORATION REINSTATEMENT

### SIMON ORTHODONTIC CENTERS, P.A.

| | |
|---|---|
| Certificate of Status | 0 |
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