


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>	 <p><b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>	<p>99 DEC 29 PM 1:26</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>
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<b>DOCUMENT #</b> 796000041146 1. Corporation Name Castle Dental Centers of Florida, Inc.	800003097008-3 -01/13/00-01012-002 *****8.75 *****8.75
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Principal Place of Business 29605 U.S. Highway 19 N. Suite 180 Clearwater, Fl. 34621	Mailing Address <div style="text-align: center; font-size: 2em; font-weight: bold; transform: rotate(-5deg);">REINSTATEMENT</div>
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.		DO NOT WRITE IN THIS SPACE	
2. New Principal Office Address, if Applicable n/a	3. New Mailing Address, if Applicable n/a	4. Date Incorporated or Qualified To Do Business in Florida 5/10/96	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 76-0502609	Applied For Not Applicable
City & State Zip      Country	City & State Zip      Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	

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 (Do NOT Use Post Office Box Numbers)	4 City/State/Zip
Dir.	Jack Castle	1360 Post Oak Blvd., #1300	Houston, Texas 77056
CEO	Jack H. Castle, Jr.	1360 Post Oak Blvd., #1300	Houston, Texas 77056
President	G. Daniel Siewart	1360 Post Oak Blvd., #1300	Houston, Texas 77056
V.P.	John M. Slack	1360 Post Oak Blvd., #1300	Houston, Texas 77056
CFO	John M. Slack	1360 Post Oak Blvd., #1300	Houston, Texas 77056
Sec.	John M. Slack	1360 Post Oak Blvd., #1300	Houston, Texas 77056

8. Name and Address of Current Registered Agent Smith, Hulsey & Busey, P.A. 225 Water Street Suite 1800 Jacksonville, Florida 32202	9. Name and Address of New Registered Agent Name: CT Corporation System Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road Suite, Apt. #, Etc.: City: Plantation      State: FL      Zip Code: 33324
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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.

Signature of Registered Agent: Jennifer M. Burnett      Date: 12-28-99  
 Jennifer M. Burnett      REGISTERED AGENT MUST SIGN      Assistant Secretary

11. Does this corporation pay any Intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.    Yes     No     (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: John M. Slack      Date: 12/28/99      Daytime Phone #: 713-479-8000  
 SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR