

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**CORPORATION
REINSTATEMENT**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN -4 PM 2:27

DOCUMENT # P96000041146

1. Corporation Name

Castle Dental Centers of Florida, Inc.

2. Principal Office Address

2067 Range Road

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

33765

Country

U.S.A.

3. Mailing Office Address

3701 Kirby Drive

Suite, Apt. #, etc.

Suite 550

City & State

Houston, TX

Zip

77098

Country

U.S.A.

REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida

May 10, 1996

5. FEI Number

76-0502609

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

ET Corporation

400004430874--6

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

-06/19/01--01115-017

****900.00 ****900.00

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

[Signature]

PETER F. SOUZA
ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date 5/29/01

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
CEO	Ira Glazer	3701 Kirby Drive, #550	Houston, TX 77098
CFO	John M. Slack	3701 Kirby Drive, #550	Houston, TX 77098
Chairman	Jack H. Castle, Jr.	3701 Kirby Drive, #550	Houston, TX 77098

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 shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-29-01

Date

713-479-8264

Daytime Phone #

CR2001 (9/00)