

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P96000067386 (8)

1. Corporation Name

Orthodontix Subsidiary, Inc.

99 NOV 19 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
2222 Ponce de Leon Blvd. 2222 Ponce de Leon Blvd.  
~~Penthouse Suite~~ ~~Penthouse Suite~~  
Coral Gables, FL Coral Gables, FL  
33134 33134

*[Handwritten signature]*

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 8/14/1996	
Suite, Apt. #, etc. Suite 502		Suite, Apt. #, etc. Suite 502		5. FEI Number 65-0695655	
City & State		City & State		Applied For Not Applicable	
Country		Zip		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Name of Officers and/or Directors	2. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	3. City / State / Zip	4.
DPST F.W. Mort Guilford	2222 Ponce deLeon Blvd., Suite 502	Coral Gables, FL 33134	
700003070557--1			
-12/14/99--01111--001			
****150.00 ****150.00			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Berman Wolfe Rennert Vogel & Mandler, P.A. 100 SE Second St. 35th Floor Miami, FL 33131-2130 Attn: Charles J. Rennert, Esq.		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	

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 *Charles Rennert* Date 10-10-99  
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: *F.W. Mort Guilford*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
F.W. Mort Guilford  
Date 11/13/99 (305) 446-8661  
Daytime Phone

②

ORTHODONTIX SUBSIDIARY, INC.  
2222 PONCE DELEON BLVD., SUITE 502  
CORAL GABLES, FL 33134

November 10, 1999

**VIA REGISTERED MAIL**

Department of State  
P.O. Box 6327  
Tallahassee, FL 32314  
Attn: Reinstatements

*Re: Orthodontix Subsidiary, Inc./ Document number P96000067386 (the "Company")*

To whom it may concern:

Please find enclosed the following for the above-referenced Company: (i) an Application for Reinstatement and (ii) a check in the amount of \$150 for the annual report fee.

The Company is applying for reinstatement since it was administratively dissolved due to failure to file an Annual Report. The Company seeks to waive the \$600 reinstatement fee because it never received the Annual Report for the following reason: earlier this year, the Company relocated its offices to 2222 Ponce deLeon Blvd., Suite 502, Coral Gables, Florida 33134. The Company did not receive the annual report form.

If you have any questions, feel free to call me at (305) 446-8661.

Very truly yours,  
ORTHODONTIX SUBSIDIARY, INC.

By:   
Name: F.W. Mort Guilford  
Title: Director

Enclosures

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