

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P990000086326

1. Corporation Name

AMERICAN ORTHODONTIC CENTERS, INC.

2. Principal Office Address

8354 Market Street

Suite, Apt. #, etc.

Suite 100

City & State

Bradenton, FL

Zip

34202

Country

USA

3. Mailing Office Address

8354 Market Street

Suite, Apt. #, etc.

Suite 100

City & State

Bradenton, FL

Zip

34202

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

9/27/99

5. FEI Number

59-3621789

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

2000-2001 UBR

7. Name and Address of Current Registered Agent

Name

CHARLES S. DAYHOFF III, ESQUIRE

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

3830 Tampa Road

Suite, Apt. #, Etc.

Suite 150

City

Palm Harbor

State

FL

Zip Code

34684

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

Charles S. Dayhoff III

REGISTERED AGENT MUST SIGN

Date 2-27-01

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
P	Michael S. Wooddell, DDS, MS	8354 Market Street	Bradenton, FL 34202
T	James Noyes, Ed.D	8354 Market Street	Bradenton, FL 34202

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:

James Noyes  
JAMES NOYES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/27/01 (941) 907-9030

Daytime Phone #

CR2ED81 (9/00)

283

**CHARLES S. DAYHOFF III**

Attorney and Counselor at Law

Cornerstone Centre  
3830 Tampa Road, Suite 150  
Palm Harbor, FL 34684

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Telecopier (727) 785-0798  
E-mail: attorneydayhoff@aol.com

February 27, 2001

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

CERTIFIED MAIL, RETURN  
RECEIPT REQUESTED

Re: Reinstatement of American Orthodontic Centers, Inc./  
Request for Waiver of Reinstatement Fee

Dear Sir/Madam:

Please be advised that I have the privilege of representing American Orthodontic Centers, Inc., a Florida corporation (hereinafter referred to as the "Corporation").

The Corporation was incorporated on September 27, 1999. It was administratively dissolved on September 22, 2000, for failure to file its annual report.

Neither my client nor I, as registered agent, received the annual return packet for year 2000. We only discovered recently that the Corporation had been administratively dissolved. The dissolution is causing significant problems for my client.

Therefore, we are respectfully requesting that:

1. The Corporation be reinstated.
2. The reinstatement fee of \$900.00 be waived.

I have enclosed my client's check number 0419 dated February 20, 2001 in the amount of \$300.00 payable to the Secretary of State of Florida and the completed Corporation Reinstatement form.

If this request for reinstatement is denied for any reason, please contact me immediately.

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Department of State  
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Thanking you in advance for your cooperation, I am

Sincerely yours,

  
CHARLES S. DAYHOFF III

CSD:bf  
Enclosure  
Cc: American Orthodontic Centers, Inc.  
99-1683-DS