


FILED 192

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F00000006451					
1. Corporation Name ORTHONET HOLDINGS, INC.					
2. Principal Office Address 1311 Mamaroneck Avenue Suite, Apt. #, etc. Suite 240 City & State White Plains NY Zip 10605			3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country		
Country US			Country		

REINSTATEMENT 02-05
zip

4. Date Incorporated or Qualified To Do Business in Florida November 20, 2000	
5. FE Number 133960641	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

7. Name and Address of Current Registered Agent	
Name Corporation Service Company	
Street Address (P.O. Box Number is Not Acceptable) 1201 Rays Street	
Suite, Apt. #, Etc.	
City Tallahassee	State FL
	Zip Code 32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.			
Signature of Registered Agent <i>Cynthia L. Harris</i>	Cynthia L. Harris as its agent	Date 8/1/05	REGISTERED AGENT MUST SIGN
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
CEO	Roger S. Shedlin	1311 Mamaroneck Avenue, Suite 240	White Plains, NY 10605
VP	Kevin Kennedy	1311 Mamaroneck Avenue, Suite 240	White Plains, NY 10605
Director	Deborah A. Guthrie	2213 Washington Circle NW	Washington, D.C. 20037
Director	Joseph F. Kelly, Jr	2213 Washington Circle NW	Washington, D.C. 20037
Director	Russell F. Warren	535 East 70 th Street	New York, NY 10021
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(5)(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:	<i>Roger Shedlin</i>	Roger Shedlin	CEO
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #

CREATED BY: [illegible]

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

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
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CORPORATION REINSTATEMENT

ORTHONET HOLDINGS, INC.

Certificate of Status	0
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