


# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P39622</b> 1. Entity Name <b>OPERATION SMILE, INC.</b>						FILED 05 OCT -6 AM 11:17 CLERK OF THE COURT JUDICIAL CIRCUIT IN AND FOR FLORIDA	
Principal Place of Business <b>6435 TIDEWATER DR NORFOLK, VA 23509</b>				Mailing Address <b>6435 TIDEWATER DR NORFOLK, VA 23509</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  <b>HERMAN, BRAD 8940 NORTH KENDALL DRIVE SUITE 903-E MIAMI, FL 33176</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$236.25</b> <b>After January 1, 2006, Fee will be \$297.50</b>				<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO MAGEE, JR., WILLIAM P 6435 TIDEWATER DRIVE NORFOLK, VA 23509	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MAGEE, KATHLEEN S 6435 TIDEWATER DRIVE NORFOLK, VA 23509	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <div style="text-align: center;"> <b>100060501151</b>  <b>10/11/05--01066--022 **236.25</b> </div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC GUIDO, RON ROUTE 22 WEST SOMERVILLE, NJ 08876	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COO FITZWILLIAM, NAOMI 6435 TIDEWATER DRIVE NORFOLK, VA 23509	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  COO/CIO <b>Zinn, E. Wayne</b> <b>6435 Tidewater Drive</b> <b>Norfolk, VA 23509</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T UNGER, HOWARD J 700 WESY 21ST STREET NORFOLK, VA 23517	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C KANE, THOMAS F SR 14155 US HWY 1., STE 300 JUNO BEACH, FL 33408	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.							
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<div style="text-align: right;"> <b>10-3-05</b> <b>757-321-3267</b>  <small>Date Daytime Phone #</small> </div>			