

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

96 DEC 18 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 766176 (2)

1 Corporation Name

Irish American Orthopaedic Society, Inc.

Mailing Address

Principal Place of Business

%Bernard C. O'Neill, Jr. %Bernard C. O'Neill, Jr.
200 E. Robinson Street 200 E. Robinson Street
Suite 865 Suite 865
Orlando, Fl 32801 Orlando, Fl 32801

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

REINSTATEMENT *05-96*

DO NOT WRITE IN THIS SPACE

2 New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/16/82

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2253980

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Sweeney, Howard J.	2500 Ridge Ave.	Evanston, IL
P/D	McLaughlin, Robert G.	% University of Virginia Medical Ctr./1726 Old Forge Rd.	Charlottesville, Va 22901
D	O'Neill, Bernard C., Jr.	200 E. Robinson St. Suite 865	Orlando, Fl 32801
S/T	Carolan, Patrick J.	3909 Main St.	Bridgeport, CT
D	Flynn, Joseph C.	100 W. Gore St., #403	Orlando, Fl 32806
			<i>05-18-96</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Bernard C. O'Neill, Jr., Esquire
O'Neill, Chapin, Marks, Liebman,
Cooper & Carr
200 E. Robinson Street, Suite 865
Orlando, Fl 32801

Name

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

100002035521--9

Suite, Apt. #, Etc.

12/28/96-01107-007

***297.50 ***297.50

City

State

Zip Code

FL

10. 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

B. O'Neill
REGISTERED AGENT MUST SIGN

Date 12/13/96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

B. O'Neill

12/13/96 407-425-2751

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (6-94)