

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


08 NOV 14 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/14/08--01013--004 **428.75

REINSTATEMENT 02-08
CR2E081 (10/08)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766176

1. Corporation Name
Irish American Orthopaedic Society, Inc.

2. Principal Office Address - No P.O. Box #
5809 York Road

3. Mailing Office Address
5809 York Road

Suite, Apt. #, etc.

City & State
Richmond, VA

Zip Country
23226 USA

4. Date Incorporated or Qualified To Do Business in Florida
December 16, 1982

5. FEI Number
592253980

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Fernando M. Giachino

Street Address (P.O. Box Number is Not Acceptable)
17 Martin L. King Jr Blvd.

Suite, Apt. #, Etc.
#200

City State Zip Code
Stuart FL 34994

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 _____ Date 10/27/08

REGISTERED AGENT MUST SIGN

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
Pres.	Bruce E. Baker	600 E. Genesee Street	Syracuse, NY 13202
Sec'y	William T. Johnstone	5 Lower Tuckahoe Rd. W.	Richmond, VA 23238

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 contained in Chapter 119, 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: William T. Johnstone William T. Johnstone 10/22/08 (524) 784 4167

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11/14/08