PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 FEB 22 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000004910

1. Corporation Name

ORTHOFIX INC.

Principal Place of Business	Mailing Address
250 E. ARAPAHO RD. RICHARDSON TX 75081	250 E. ARAPAHO RD. RICHARDSON TX 75081

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

REINSTATEMENT 09-00

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/10/1995

5. FEI Number: 75-2608036 ☐ Applied For ☐ Not Applicable

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

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P/D	FEDERICO, CHARLES W	10115 KINCEY AVE #250	HUNTERSVILLE NC 28078
V/D	HENLEY, GARY	250 E ARAPHO AVE	RICHARDSON TX 75081
D/T	~~GERO, JAMES~~ TOM HEIN	10115 KINCEY AVE #250	HUNTERSVILLE NC 28078
AS/D	RUCINSKI, ROBERT A	~~250 EAST ARAPAHO RD~~ 10115 KINCEY AVE # 250	~~RICHARDSON TX~~ HUNTERSVILLE N.C 28078
V/P	~~DODDI, NAMA PHD~~ CHARLES DILLMAN	~~250 E. ARAPAHO RD.~~ 10115 KINCEY AVE # 250	~~RICHARDSON TX 75081~~ HUNTERSVILLE N.C 28078
D	~~SCHWALM, ARTHUR~~ PETER HEWETT	10115 KINCEY AVE # 250	HUNTERSVILLE NC 28078

8. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name: 400001315625 4--5 -03/03/00--01039--010
Street Address (P.O. Box Number is Not Acceptable): ****150.00 ****750.00
Suite, Apt. #, Etc.: 500001315625 5--1 -03/03/00--01039--011
City: ****150. State: FL Zip Code: ****150.00

CR2E040 (8/99)

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: SIGNATURE REQUIRED Charles Baclet, Vice President Date: 2/21/00
REGISTERED AGENT MUST SIGN

11. 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.

KE

SIGNATURE: X SIGNATURE REQUIRED Gary Henley 10/29/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #