PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 SEP 13 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N33066

Orthopedic Education Foundation, Inc.

Mailing Address

REINSTATEMENT 97-99

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

Principal Office Address, if Applicable	3. New Mailing Office Address, If Applicable
1118 South Orange Avenue	1118 South Orange Avenue
205	Suite, Apt #, etc. 205
Orlando, Florida	City & State Orlando, Florida
32806 Country USA	Zip 32806 Country USA

4 Date Incorporated or Qualified To Do Business in Florida 06/29/89

5 FEI Number 59-2961726 Applied For / Not Applicable

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

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

Title	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
PD	J. Dean Cole, M.D.	1118 S. Orange Ave., # 205	Orlando, FL 32806
D	Thomas F. Winters	1118 S. Orange Ave., # 205	Orlando, FL 32806
DST	Carl Knobloch	1118 S. Orange Ave., # 205	Orlando, FL 32806

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****358.75 ****358.75

8. Name and Address of Current Registered Agent

David Justin
1315 South Orange Avenue
Orlando, Florida 32806

9. Name and Address of New Registered Agent

Name
J. Dean Cole, M.D.
Street Address (P.O. Box Number is Not Acceptable)
1118 South Orange Avenue
Suite, Apt #, Etc.
205
City
Orlando,
State FL Zip Code 32806

... the registered agent of the above-named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

REGISTERED AGENT MUST SIGN

Date 9-9-99

CR2E040 (12/96)

11. 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.)

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 ... 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 ... 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 ... is true and accurate and my signature shall have the same legal effect as if made under oath.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9-9-99

KE

Daytime Phone# 407-316-8098