

PLEASE READ ALL INSTRUCTIONS BEFORE

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 30 AM 10:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # PD0000078696

1. Corporation Name

HATCH ORTHOPEDICS, P.A.

Principal Place of Business

Mailing Address

use principal office address

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

2. New Principal Office Address, If Applicable

578 STERTHAUS AVENUE

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORMOND BEACH, FL

City & State

Zip

32174

Country

USA

Zip

Country

4. Date incorporated or Qualified
To Do Business in Florida

08/14/2000

5. FEI Number

59-3668826

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) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|----------|--------------------------------------|---|--|
| 1 | 2 | 3 | 4 |
| D | ROBERT S. HATCH | 1405 NORTH HALIFAX AV 578 STERTHAUS AVENUE | DAYTONA BCH 32118 ORMOND BEACH FL 32174 |
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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROBERT S. HATCH, M.D.

1672 JOHN ANDERSON DRIVE

ORMOND BEACH, FL 32176

*1405 North Halifax Ave
Daytona Beach FL
32118*

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

HATCH ORTHOPEDICS PA

578 STERTHAUS AVENUE
ORMOND BEACH, FL 32174

Friday, October 24, 2003

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, Fl 32314-6327

Re: Charter Number P00000078696
FEIN #: 59-3668826

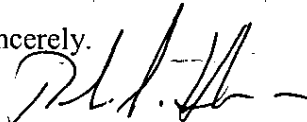
Dear Sirs,

Attached please find our application to renew the Charter of the Corporation in the above referenced. Attached also is our check for \$150.00.

By this same application we are asking for a waiver on the additional fees due as a result of not renewing within the prescribed time required by law. We did not receive any notices for the renewal of this charter and being a Physician, I was not aware of the requirement to renew each year. My attorney did not apprise of this need and my prior accountant didn't communicate with me either. Now, I know that it is my responsibility to know the requirement of an annual renewal. Henceforth, I will make sure that in the future my corporation's charter does not lapse.

I thank you kindly for your positive response to this request.

Sincerely,



Robert S. Hatch, MD
President