

2006 FOR PROFIT CORPORATION REINSTATEMENT

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FILED


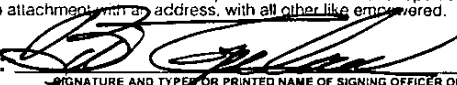
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT
04252006 REIN-P CR2E098 (11/05)

05-06

DOCUMENT # P97000088312			
1. Entity Name GATWAY PROSTHETICS & ORTHOTICS, INC.			
Principal Place of Business 2817 W VIRGINIA ST TAMPA, FL 33607 US		Mailing Address 2817 W VIRGINIA ST TAMPA, FL 33607 US	
2. Principal Place of Business 2511 W. Virginia Suite, Apt. #, etc. # A City & State Tampa, FL Zip 33607 Country		3. Mailing Address 2511 W. Virginia Suite, Apt. #, etc. # A City & State Tampa, FL Zip 33607 Country	
4. FEI Number 59-3471150		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COPELAND, BILL G 11801 MIDDLEBURY DR. TAMPA, FL 33626		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT COPELAND, BILL 11801 MIDDLEBURY DR TAMPA, FL 33626 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS COPELAND, BILL 11801 MIDDLEBURY DR TAMPA, FL 33626 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700075038847 05/22/06--01067--028 ***300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		4/28/06 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

B. Mitchell MAY 11 2006

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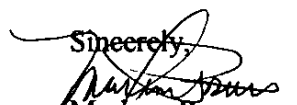


April 28, 2006

To Whom it may concern:

Please be advised that we never received the corporation form for 2005. That is why it was not paid. We moved to a different location: 2511 W. Virginia Ave., Ste. A, Tampa, Fl. 33607.

Therefore, please accept our check in the amount of \$300, which will be for last year and this year. Thank you for your time and attention and if you have any questions, please do not hesitate to contact me.

Sincerely,

Marlene Powers
Business Manager