

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 MAY 14 AM 8:18

DOCUMENT # P98000081728

1. Corporation Name

B & G ORTHO LABS, INC

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address - No P.O. Box #
6219 CLARET DRIVE

3. Mailing Office Address
6219 CLARET DRIVE

REINSTATEMENT 15-07
CR2E081 (1/07)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

4. Date Incorporated or Qualified To Do Business in Florida **09/17/1998**

Zip
32210

Country
USA

Zip
32210

Country
USA

5. FEI Number
59-3515070

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
BETTY CLARK

Street Address (P.O. Box Number is Not Acceptable)
804 18th AVENUE N

Suite, Apt. #, Etc.

City
JACKSONVILLE BEACH

State
FL

Zip Code
32250

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

Betty Clark
REGISTERED AGENT MUST SIGN

Date **4/27/07**

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
DIR	BETTY CLARK	804 18th AVENUE N	JACKSONVILLE BEACH, FL 32250
			500103095945 05/23/07--01010--018 **1050.00

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:

Betty Clark **BETTY CLARK** (904) 725-4504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #