

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 17 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 418593

1. Corporation Name

A. and A. Orthopedic Appliances, Inc.

2. Principal Office Address

750 Flagami Blvd.

Suite, Apt. #, etc.

none

City & State

Miami, Florida

Zip

33144

Country

U.S.A.

3. Mailing Office Address

P.O. BOX 441645

Suite, Apt. #, etc.

none

City & State

Miami, Florida

Zip

33144

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

02-8-73

5. FEI Number

59-1452000R

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

Miguel A. Ugarte

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

750 Flagami Blvd.

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33144

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/11/03

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
Pres.	Mike Ugarte	Same as above	Same as above.

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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03-11-03

Daytime Phone #



orthopedic appliances, inc.

P.O. BOX 441645, MAIN OFFICE • MIAMI, FLORIDA 33144-1645
TEL. 305-265-0022 FAX 305-265-0196

March 12, 2003

Department of State
Division of Corporations
PO BOX 6327
Tallahassee, FL 32314
Attn: Reinstatement of Corp. Document #: 418593

Dear Sir or Madam:

I would like to submit a letter of appeal with my reinstatement form. The Uniform Business Report payment notices were not sent to the correct address, therefore, we did not receive them.

The address listed with the Division of Corps is a 238 PO Box that is incorrect. Our address for notifications was PO BOX 441645 and now we are using the mailing address as our notice contact (750 Flagami Blvd. Miami, Florida 33144).

A payment of \$608.75 is enclosed which is the appeal fee plus the certificate fee. If the appeal is denied bill us the remainder.

Thank you for your attention to my request.

Sincerely,

Mike Ugarte B.O.C.O.
President A&A Orthopedic Appliances, Inc.