PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 JUN -7 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 490095

1. Corporation Name
FLA. ORTHOPEDICS, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5825 Carnegie Blvd	5825 Carnegie Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Charlotte, NC	City & State: Charlotte, NC
Zip: 28209 Country: US	Zip: 28209 Country: US

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 11/17/1975

5. FEI Number 59-1635321 ☐ 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: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 Pine Island Road

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

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: Daniel J. Mosorits, Asst. Secretary C T Corporation System Date: 6/6/2012
REGISTERED AGENT MUST SIGN

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
CFO/Dir	Stephen Brown	5825 Canegie Blvd	Charlotte, NC 28209
VP/Dir	Alexandra Davies	5825 Carnegie Blvd	Charlotte, NC 28209
Sec/Tre	Tammy Byars	5825 Carnegie Blvd	Charlotte, NC 28209
	REINSTATEMENT		JUN 07 2012
			T. SCOTT

10-12

10. E-mail Address: gary.munroe@bsnmedical.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Tammy Byars — Tammy Byars — 6/6/2012 — 704-731-1023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations

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To:

Division of Corporations
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CORPORATION REINSTATEMENT
FLA. ORTHOPEDICS, INC.

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