

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 APR -3 AM 8:30

DOCUMENT # 729905

1. Corporation Name

CITRUS ORTHOPAEDIC SOCIETY, INC.

2. Principal Office Address

800 WEST MORSE BLVD.

Suite, Apt. #, etc.

#5

City & State

WINTER PARK, FL

Zip

Country

32789-3780

USA

3. Mailing Office Address

800 WEST MORSE BLVD.

Suite, Apt. #, etc.

#5

City & State

WINTER PARK, FL

Zip

Country

32789-3780

USA

**REINSTATEMENT**

9701

4. Date Incorporated or Qualified  
To Do Business in Florida

06/10/1974

5. FEI Number

23-7274975

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

ARMAND E. ZILIOLO

700004008647-5

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

650 N. WYMORE ROAD

-04/13/01-0101-029

\*\*\*481.25 \*\*\*481.25

Suite, Apt. #, Etc.

#102

City

WINTER PARK

State

FL

Zip Code

32789

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

*Armand E. Ziliolo*  
REGISTERED AGENT MUST SIGN

Date

3/27/01

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
P/D	ROBERT L. MURRAH, JR.	800 W. MORSE BLVD., #5	WINTER PARK, FL
S/T	ARMAND E. ZILIOLO	650 N. WYMORE RD., #102	WINTER PARK, FL
V/D	RICHARD C. SMITH	100000 W. COLONIAL DR.	OCOE, FL

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/01

Date

Daytime Phone #

407-647-0629

CR2E081 (9/99)