


# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 751854</b>	
1. Entity Name <b>FLORIDA ASSOCIATION OF ORTHOTISTS AND PROSTHETISTS, INC.</b>	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 SEP -8 PM 4:12

Principal Place of Business <b>13325 GOLF CREST CIR TAMPA, FL 33624 US</b>	Mailing Address <b>PO BOX 273707 TAMPA, FL 33688</b>
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2. Principal Place of Business - No P.O. Box # <b>6215 Spring Oak Ct</b>	3. Mailing Address <b>PO Box 340507</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

09042009 REIN-NP CR2E099 (1/07)

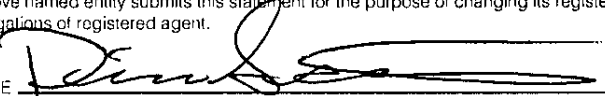
City & State <b>Tampa, FL</b>	City & State <b>Tampa, FL</b>
Zip <b>33625</b>	Country <b>US</b>
Zip <b>33694</b>	Country <b>US</b>

4. FEI Number <b>59-2957068</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>BADER, WADE 13325 GOLF CREST CIRCLE TAMPA, FL 33624</b>	
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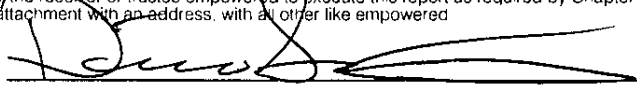
7. Name and Address of New Registered Agent	
Name <b>Dino Scanio</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>6215 Spring Oak Court</b>	
City <b>Tampa</b>	FL Zip Code <b>33625</b>

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 	DATE <b>09/04/2009</b>
<small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	

<b>FILE NOW!!! FEE IS \$122.50</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BADER, WADE 13325 GOLF CREST CIRCLE TAMPA, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS GRINER, ADDAN 9311 ALVERNON DR NEW PORT RICHEY, FL 34655 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARR, JIM 7390 17TH WAY NORTH SAINT PETERSBURG, FL 33702 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER DINO SCANIO 6215 SPRING OAK COURT TAMPA, FL 33625 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT WADE BADER 13325 GOLF CREST CIRCLE TAMPA, FL 33624 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT-ELECT JIM BARR 1000 LAKEVIEW ROAD, SUITE 6 CLEARWATER, FL 33756 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JEFFREY FREDRICK 1719 MAHAN DRIVE TALLAHASSEE, FL 32308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: 	DATE <b>09/04/2009</b> DAYTIME PHONE <b>813-477-1219</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	