

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F02000002868

1. Corporation Name

Otto Bock HealthCare US, Inc.

2. Principal Office Address - No P.O. Box #

Two Carlson Pkwy.

Suite, Apt. #, etc.

Suite 100

City & State

Plymouth, MN

Zip

55447

Country

United States

3. Mailing Office Address

Two Carlson Pkwy.

Suite, Apt. #, etc.

Suite 100

City & State

Plymouth, MN

Zip

55447

Country

United States

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/04/2002

5. FEI Number

41-0824465

☐ 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

Eric Fregger

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

8040 Island Dr.

Suite, Apt. #, Etc.

City

Port Richey

State

FL

Zip Code

34668

☐ 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

Eric Fregger
REGISTERED AGENT MUST SIGN

Date

1/17/08

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
CP	Elbert P. Harman	Two Carlson Pkwy., Suite 100	Plymouth, MN 55447
DS	Stephen A. Carr	Two Carlson Pkwy., Suite 100	Plymouth, MN 55447
DT	Rick Schmidt	Two Carlson Pkwy., Suite 100	Plymouth, MN 55447

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:

Stephen A. Carr

Stephen A. Carr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/3/08

763-484-5106

Daytime Phone #

FILED

08 JAN 22 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700115807617

01/23/08--01002--012 **1500.00

REINSTATEMENT 03-08