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2016 DEC -6 PM 4:34

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

700293012837

CR2E081 (11/10)

DOCUMENT # F14000004409

1. Corporation Name

EXPANDING ORTHOPEDICS INC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2 Hailan St.	2 Hailan St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Or Akiva	City & State: Or Akiva
Zip: 30600 Country: Israel	Zip: 30600 Country: Israel

4. Date Incorporated or Qualified To Do Business in Florida: 10/17/2014

5. FEI Number: 98-0428047 ☐ 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 South 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: Vanessa Lawrence Assistant Secretary
REGISTERED AGENT MUST SIGN

Date: 12/06/2016

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
CEO	Mr. Ofer Bokobza	35 Livne St.	Caesarea, Israel 30889
CFO	Mr. Itay Cohen	26 Ben Nun St.	Tel Aviv, Israel 62643
	REINSTATEMENT DEC 06 2016 R. HUNT		

10. E-mail Address: itay@xortho.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: Itay Cohen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/5/2016 Date

404-479-9926 Daytime Phone #

CT CORPORATE

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 12/6/16

ACCT: I20160000072

Name:	Expanding Ortho. Inc
Document #:	
Order #:	10152656

Certified Copy of Arts & Amend:				
Plain Copy:				
Certificate of Good Standing:				
Apostille/Notarial Certification:			Country of Destination:	
			Number of Certs:	

(Filing:) Certified:

(Plain:)

COGS:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

$ 635.00

Amount: $? Untrain

approve upto 500

spoke with Erec.

RECEIVED
16 DEC -6 PM 4:17
SUPT. ... AGENCY OF FILING

DEC 06 2016
R. HUNT

Thank you!