

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
16 JAN 15 AM 10:00  
RECEIVED

DOCUMENT # H95594

1. Corporation Name

ACTION LIMB & BRACE, INC

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

9045 LaFontana Blvd

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite 114

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Zip

33434

Country

USA

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified

To Do Business in Florida 01/01/1987

5. FEI Number

592626618

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

Michael Schayes

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

21122 Shady Vista Ln

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33428

300281073623  
01/15/16--01020--014 \*\*\$08.75

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

*Michael Schayes*

REGISTERED AGENT MUST SIGN

Date 01.05.2016

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
PRES	Michael Schayes	21122 Shady Vista Ln	Boca Raton, FL , 33428

10. E-mail Address: MSchayes@AOL.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:

*Michael Schayes*

MICHAEL

Schayes

01/05/2016 5613052822

SIGNATURE AND TYPED OR PRINTED NAME OF SIG.

DIRECTOR

Date

Daytime

RE 1/19/16