

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra R. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV 25 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H96645

1. Corporation Name

GARRISON'S PROSTHETIC SERVICE, INC.

Principal Place of Business

Mailing Address

1718 N.E. 19TH AVENUE
NORTH MIAMI BEACH FL 33162

1718 N.E. 19TH AVENUE
NORTH MIAMI BEACH FL 33162

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
17184 N.E. 19th Ave.

3. New Mailing Office Address, If Applicable
17184 N.E. 19th Ave.

4. Date Incorporated or Qualified
To Do Business in Florida

01/30/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2634748

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
T	GARRISON, KEVIN S.	733 LAKES BOULEVARD	FT. LAUDERDALE FL

900002703769--7
-12/04/98--01104--016
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GARRISON, KEVIN
1718 N.E. 19TH AVENUE 17184
NORTH MIAMI BEACH FL 33162

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

Date 11/20/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/98
Date

305-944-1888
Daytime Phone #

CF2E040 (9/98)

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GARRISON'S PROSTHETIC SERVICE, INC.
17184 N. E. 19TH AVENUE
NORTH MIAMI BEACH, FL 33162

November 19, 1998

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Garrison's Prosthetic Service, Inc.
1998 Application for Reinstatement
FEI Number: 59-2634748

Dear Sir or Madam:

Enclosed is our application for reinstatement of corporate active status in the state of Florida. Please note the address listed on the application is incorrect and we never received the corporate annual report for 1998. We have also enclosed a copy of the 1997 corporate report in which we corrected the address listed. Please note that this address was not corrected on the 1998 application for reinstatement. Per a phone conversation with Tyrone Scott at the Florida Department of State on November 18, 1998 we have enclosed a check for \$150.00 and respectfully request that you abate all fees and penalties associated with the late filing.

Sincerely,


Kevin S. Garrison
President

encl.