

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 16 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

K45037

CENTRAL FLORIDA BRACE, INC.

2. Principal Office Address

915 Lucerne Terrace

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32806

Country

USA

3. Mailing Office Address

(SAME)

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

02-04

4. Date Incorporated or Qualified
To Do Business in Florida

1988

5. FEI Number

650083210

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

Brenda J. Kasper

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

8204 Jellison Street

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code

32825

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

Brenda J. Kasper

REGISTERED AGENT MUST SIGN

Date 3-9-04

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. Owner | Brenda J. Kasper | 8204 Jellison Street | Orlando, FL 32825 |
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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 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:

Brenda J. Kasper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/04

Date

321-231-0917

Daytime Phone #

CR2E081 (01/04)

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