S BEFORE COMPLETING THIS FORM. PLEASE READ, ALL INSTR FILED SECRETARY OF STATE TALLAHASSEE. FLORIDA OI MAY 18 PM 4: 13 DOCUMENT # KLE ROHRER PROSTHETICS AND ORTHOTICS INC. 2. Principal Office Address 3. Mailing Office Address 269 16th STRET NORTH 16th STREET NORTH 269 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida City & State City & State Applied For ST PETERSBURG, FL ST PETERSBURG, FL Not Applicable Country Zip Country 33705 USA 33705 USA 7. Name and Address of Current Registered Agent -06/13/01---01052--**0**19 MICHAEL A ROHRER Street Address (P.O. Box Number is Not Acceptable) 13532 BINGLEWOOD AVE., N Suite, Apt. #, Etc --Zip Code State 33705 **SEMINOLE** 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 REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Titles City / State / Zip 13532 Binglewood Ave N. Semiste F1 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 diminated, 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 applicate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: