# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**
**Oct 10, 2007**
**Secretary of State**

DOCUMENT# L06000070249

**Entity Name:** A NEW STEP PROSTHETICS LLC

**Current Principal Place of Business:**

1315 LA GORCE DR
APOPKA, FL 32703

**New Principal Place of Business:**

7 W. MAIN STREET,
# 800
APOPKA, FL 32703

**Current Mailing Address:**

1315 LA GORCE DR
APOPKA, FL 32703

**New Mailing Address:**

7 W. MAIN STREET,
APOPKA, FL 32703

**FEI Number: 20-5231899** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

ALLEN, WILLIAM R
1315 LA GORCE DR
APOPKA, FL 32703 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WILLIAM R ALLEN

Electronic Signature of Registered Agent — Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete
Name: ALLEN, JOANN
Address: 1315 LA GORCE DR
City-St-Zip: APOPKA, FL 32703

Title: MGRM ( ) Delete
Name: ALLEN, WILLIAM R
Address: 1315 LA GORCE DR
City-St-Zip: APOPKA, FL 32703

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOANN ALLEN MGRM 10/10/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date