PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Pg 1082

,	RPORATION (Comparing Compar				
REIN	STATEMENT FLORIOR		DIVISION C	etary of State of corporations curPoration		10 JUN 17 PM 2: 47		
	JMENT# No			SECUE TOTAL MARGINATE TALL AR ASARTUTU ONIDA				
1. Corporation Name FLORIDA AMPUTEE SUPPORT TEAM, INC.						REINSTATEMENT 05-10		
					06717	00180498198 71001035006 **183.50		
			3. Mailing Office Ac	Mice Address N.E. 42 ND ST.		800180498198 05/06/1001034023 **367,50		
			/72/ N,6 . Suite, Apt. #, etc.	9L-5T.	CR2E081 (4/10)			
			<u> </u>			porated or Qualified iness in Florida 2-8-2000		
City & State		, .	City & State	PARK, FL	5. FEI Numb	er Applied For		
O A KEL	AND PARK		Zip	Country	6	5-1057419 Not Applicable		
33	334 BROW	ARV	33334	BRUNARD	CERTIFICAT	E OF STATUS DESIRED (1) 56.75 Additional Fee required for a Certificate of Status		
Noma	7. Name and	Address of C		PROFIT CORPORATIONS ONLY The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did				
Name	MICHAEL	Wo						
Street Add	ress (P.O. Box Number is Not	Acceptable)	5T.			not receive the prior notices. By checking this box, you are certifying the prior		
Suite, Apt.		1	notice	notices were not received and requesting				
City		1004	1	State Zip Code	the rei	instatement fee be waived.		
O I balan	OAKLAND P			FL 33339 am familiar with and accept the	abligations of took	Inn 607 0606 on 0+7 0602 E D		
Signature of Registered	1 Michael	Was	of Ward	·		Date		
9. Names	and Street Addresses of Each	Officer and/or	Diseases /Elecido por		east 3 directors)			
			Ollector (Florida nos	inprofit corporations must list at i	cade a andoiding			
Titles	Name Officers and/o	of	Ollector (Florida lios	Street Address of Eac Officer and/or Direct	<u> </u>	City / State / Zip		
PRES,	Name Officers and/o	of		Street Address of Eac Officer and/or Direct	ch or			
	Name Officers and/o	of Directors		Street Address of Eac Officer and/or Direct	ch or	DAVIE FU 33329 PEMBROKE PINES, FL		
PRES,	Officers and/o	of Directors	13	Street Address of Ear Officer and/or Direct	# 5T. TH 5T.	DAVIE, FV 33329 PEMBROKE PINES, FL		
PRES, U, P	Officers and/o	of Directors ONG ES	13	Street Address of Eac Officer and/or Direct 3 3 9 0 5 W 9 T 9 7 0 5 W 14	TH ST.			
PRES. U. P 5 EUY	Officers and/officers and/offic	of Directors ONG ES	13 13 57	Street Address of Eac Officer and/or Direct 3 3 9 0 5 W 9 T 9 7 0 5 W 14	H 5T. TH 5T. H FERRACE AL OR	DAVIÉ, FV 33329 PEMBROKE PINES, 12 TAMARAC, FV 33321		
PRES, U, P SECY TEEA DIR DIR	Name Officers and/officers and/	ONG ES TTLE MER VOODW POWER	13 13 57 66 ARD 172 5 32	Street Address of Each Officer and/or Direct of Street Address of Each Officer and/or Direct of Street	H 5T. TH 5T. H FERRACE AL OR	DAVIE, FV 33329 PEMBROKE PINES, FL TAMARAC, FV 33321 BOCA RATON, FL 33433		
PRES, U, P SECY TEEA DIR DIR	Name Officers and/o LISA STE BILL MOS JOANN LI TONI HAM MICHAEL U	ONG ES TTLE MER VOODW POWER	13 13 57 66 ARD 172 5 32 E1(0) 66	Street Address of Each Officer and/or Direct of the Street Address of Each Officer and Order of the Street Address of Each Officer and Order of Each	TH ST. THERRACE FIOT AL DR	DAVIE, FV 33329 PEMBROKE PINES, FL TAMARAC, FL 33321 BOCA RATON, FL 33433 OAKLAND PARK, FL 33334		
PRES, U, P 5 ECY TREA DIR DIR 10. E-ma 11. I certify filing this tees owe	Name Officers and/of LISA STE BILL MOS JOANN LI TONI HAM MICHAEL V EDWARD II Address: JM w that I am an officer or direct reinstatement application, the od by the corporation have been te under oath.	of Directors ONG ES TTLE MER VOOD W POWER TO or the receives on for disse	13 13 50 66 ARD 172 5 32 E1 (2) 66 ver or trustee empo	Street Address of Eac Officer and/or Direct Officer and Officer of Officer and Officer officer officer officer officer of Officer	TH ST. H FERRACE AL OR In notification) after as provided sfies the requirements true and accurate on the contract of the	DAVIE, FV 33329 PEMBROKE PINES, FL TAMARAC, FL 33321 BOCA RATON, FL 33433 OAKLAND PARK, FL 33334		

6/18 W

CORPORATION REINSTATEMENT



DIVISION OF CORPORATIONS

DOC	UMENT#	; ;						
1. Corporation Name								
2. Princip	oal Office Address - No P.O. Bo	ox# 3. Mailin						
	2. Timopa Omochida ogo - Ivo I.o. wox w				ODDEROG WAS			
Suite, Apt. #, etc.		Suite, Apt.	#. etc.	4 Data Inco	CR2E081 (4/10) 4. Date Incorporated or Qualified			
City & Stat	City & State		е		To Do Business in Florida			
·	_		City & State		5. FEI Number Applied For Not Applied be			
Zip	Country	Zip	Country	6. CERTIFICAT	TE OF STATUS DESIRED \$8.7	5 Additional Fee required		
	7 Name and	Address of Current Re	Netered Agent	00111110111	10	r a Certificate of Status		
Name	7. realing and	Hadioss of Culton No.	precion Agoni		PROFIT CORPORATIONS ONLY The \$600.00 reinstatement fee is imposed,			
Street Add	dress (P.O. Box Number is Not	Acceptable)		except	except in circumstances which the entity did not receive the prior notices. By checking			
Suite Ant	# Ftc	:		this bo	ox, you are certifying	the prior		
Suite, Apt. #, Etc.		<u> </u>			notices were not received and requesting the reinstatement fee be waived.			
City		; ;	State Zip Code					
8. I, being	appointed the registered ager	t of the above named cor	poration, am familiar with and accept th	e obligations of sect	ion 607.0505 or 617,0503, F.S.			
Signature of Registered Agent					Date			
			AGENT MUST SIGN					
9. Name:	s and Street Addresses of Each Name	· · · · · · · · · · · · · · · · · · ·	Florida nonprofit corporations must list a Street Address of E	···				
I Mes	Officers and to		Officer and/or Direct	ctor	City / State	: / Zip		
DIR	JOSEPH C. A	11N50N	V 2911 NE 9TER		DOMPANO BEAL	OBEACH FL 33064		
				. 7700				
····								
^{10.} E-ma	il Address:		(To be used for future annual rep	and natification)				
11. I certify	that I am an officer or director	or or the receiver or trus	tee empowered to execute this appli		for in chapter 607 or 617, F.S. I fe	urther certify that when		

filling 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, further certify, the information logicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: