PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



ELORIDA DEPARTMENT OF STATE Jim Smith 🔒

Secretary of State

DIVISION OF CORPORATIONS

N01000008551 DOCUMENT

1. Corporation Name

ORTHOTIC AND PROSTHETIC ASSOCIATION FOR GRANDFAT HERING RESOLUTION, INC.

Principal Place of Business

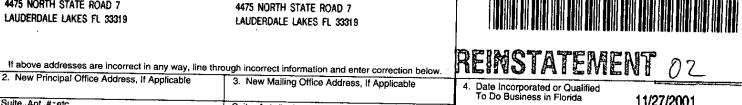
Mailing Address

4475 NORTH STATE ROAD 7 LAUDERDALE LAKES FL 33319 4475 NORTH STATE ROAD 7

FILED

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SECRETARY OF STATE TATLAHASSEE, FLORIDA



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City & Stat	e (City & State		,	-5∺FEI Nűmbe	060	10.80	- Applied For
							-060	1409	Not Applicable
Zip Country Z		Zip		Country	-6,	TE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
7. Names	and Street Addresses o	of Each Officer and/	or Director (Flo	rida nonpro	fit corporations must list at lea	ast 3 directors)	······································		
Title(s)	ļ N	ame of Officers nd/or Directors		3	Street Address of Each Officer and/or Director	1	4	City / State /	Zip
P-D GARCIA, DAVID			4475 NORTH STATE ROAD 7			LAUDERDALE LAKES FL 33319			
V-D	V — D SPIERS, RONALD			1382 US HIGHWAY 1			SEBASTIAN FL 32958		
ST-D CARRANZA, ROSARIO V			4620 N.W. 7TH STREET			MIAMI FL 33126			
						10/24	90000 0201097	85758 006 **	29 236,25
								· · · · · · · · · · · · · · · · · · ·	

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent				
LINGER, STEVEN R ESQ.	Name				
B SOUTH ANDREWS AVE.	Street Address (P.O. Box Number is Not Acceptable)				
ITE 205 RT LAUDERDALE FL 33316	Suite, Apt. #, Etc.				
	City State 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. or 617.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

11. 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 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 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: