PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
02 MAY -7 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000016045

1. Corporation Name
MILLENNIUM ORTHOTIC & MEDICAL SUPPLY, INC.

REINSTATEMENT 2001-2002

2. Principal Office Address	3. Mailing Office Address
6595 NW 36 Street	6595 NW 36 Street
Suite, Apt. #, etc. Suite 320C	Suite, Apt. #, etc. Suite 320C
City & State Miami, Fl	City & State Miami, Fl
Zip 33166 Country USA	Zip 33166 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 2-15-2000

5. FEI Number 65-0982747 ☐ 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: Rosa Viera
Street Address (P.O. Box Number is Not Acceptable): 6595 NW 36 Street
Suite, Apt. #, Etc.: Suite 320 C
City: Miami State: FL Zip Code: 33166

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: X Rosa M Viera
REGISTERED AGENT MUST SIGN
Date: 4-11-02

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
Pst D	Rosa Viera	6595 N.W 36 Street Suite 320C	Virginia Gardens, Fl 33166

700005555837--6
-05/17/02--01001--011
****900.00 ****900.00

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: X Rosa M Viera
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4-11-02
Daytime Phone #

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

millenium Orthotic & Medical Supply, Inc.

Corrected

Signature

Requested by:

SL | 4/30/02 | 11:26
Name | Date | Time

Walk-In _____ Will Pick Up _____

- ____ Art of Inc. File_____
- ____ LTD Partnership File_____
- ____ Foreign Corp. File_____
- ____ L.C. File_____
- ____ Fictitious Name File_____
- ____ Trade/Service Mark_____
- ____ Merger File_____
- ____ Art. of Amend. File_____
- ____ RA Resignation_____
- ____ Dissolution / Withdrawal_____
- ✓ Annual Report / Reinstatement_____
- ____ Cert. Copy_____
- ____ Photo Copy_____
- ____ Certificate of Good Standing_____
- ____ Certificate of Status_____
- ____ Certificate of Fictitious Name_____
- ____ Corp Record Search_____
- ____ Officer Search_____
- ____ Fictitious Search_____
- ____ Fictitious Owner Search_____
- ____ Vehicle Search_____
- ____ Driving Record_____
- ____ UCC 1 or 3 File_____
- ____ UCC 11 Search_____
- ____ UCC 11 Retrieval_____
- ____ Courier_____

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