PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 JUN -7 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000036611

1. Corporation Name

AMERICAN ORTHOPEDIC SUPPORTS, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5825 Carnegie Blvd	5825 Carnegie Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Charlotte, NC	City & State: Charlotte, NC
Zip: 28209 Country: US	Zip: 28209 Country: US

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 04/11/2000

5. FEI Number: 65-0998378 ☐ 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: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

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: David J. Moovits, Asst. Secretary, C T Corporation System Date: 6/6/2012
REGISTERED AGENT MUST SIGN

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
CFO/Dir	Stephen Brown	5825 Carnegie Blvd	Charlotte, NC 28209
VP/Dir	Alexandra Davies	5825 Carnegie Blvd	Charlotte, NC 28209
Secr/Tre	Tammy Byers	5825 Carnegie Blvd	Charlotte, NC 28209

REINSTATEMENT 12-12

JUN 07 2012

T. SCOTT

10. E-mail Address: gary.munroe@bsnmedical.com
(To be used for future annual report notification)

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 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Tammy Byers Secr/Treas 6/6/2012 704-731-1023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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CORPORATION REINSTATEMENT
AMERICAN ORTHOPEDIC SUPPORTS, INC.

Certificate of Status	0
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