

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR 13 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000042421

1. Corporation Name

INSCO ORTHO INC.
13009 SOUTH HIGHWAY 475
OCALA, FL 34480

Principal Office Address

3009 SOUTH HWY. 475

Suite, Apt. #, etc.

3. Mailing Office Address

13009 SOUTH HWY. 475

Suite, Apt. #, etc.

City & State

OCALA, FL

City & State

OCALA, FL

Zip

34480

Country

USA

Zip

34480

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/27/2000

5. FEI Number

59-3642513

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-04

300028789393

02/16/04--01025--025 **300.00

7. Name and Address of Current Registered Agent

Name

JEFFREY T. INSCO

Street Address (P.O. Box Number is Not Acceptable)

13009 SOUTH HIGHWAY 475

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34480

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

Date

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
PSTD	INSCO, JEFFREY T.	13009 SOUTH HWY. 475	OCALA, FL-34480

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

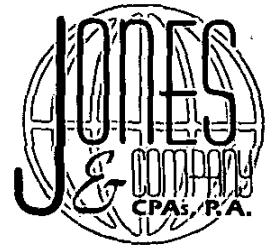
Date

Daytime Phone #

2-5-04 727-846-8124

CR2E081 (10/02)

February 7, 2004



CERTIFIED MAIL

Florida Division of Corporations
Department of State
406 East Gaines Street
Tallahassee, FL 32399


RE: Insko Ortho Inc.
Document # 00000042421

Dear Sir or Madam:

We are requesting your assistance in the reinstatement of this corporation without penalty for reasonable cause. Enclosed is our check # 2554 for \$300 for the Annual Fee for 2002 and 2003.

The client has no record of receiving the original annual report or other notices. The client shares an office facility and the mail was apparently never forwarded to his attention for payment. Please accept the late filing of this report and your consideration in the abatement of the penalty will be greatly appreciated.

Sincerely,


Patricia Jones CPA
Jones & Company CPAs P.A.

Cc: Jeff Insko, Insko Ortho Inc.

Enclosure