

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000117927**

1. Corporation Name

PROTOCOL ORTHOPEDICS, INC.

Principal Place of Business

Mailing Address

1745 TALL TREE DRIVE EAST
JACKSONVILLE FL 32246

1745 TALL TREE DRIVE EAST
JACKSONVILLE FL 32246

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
4309 Pablo Oaks Court
Suite, Apt. #, etc.
Suite 5

3. New Mailing Office Address, If Applicable
4309 Pablo Oaks Court
Suite, Apt. #, etc.
Suite 5

4. Date Incorporated or Qualified
To Do Business in Florida

12/21/2000

5. FEI Number

59-3686570

Applied For

Not Applicable

City & State
Jacksonville, Florida

City & State
Jacksonville, Florida

Zip
32224

Country
Duval

Zip
32224

Country
Duval

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ROJAHN, ROBERT W	1745 TALL TREE DRIVE EAST	JACKSONVILLE FL 32246
			300023869663 10/17/03--01019--005 **158.75

8. Name and Address of Current Registered Agent

KEASLER, FRANK R JR
4309 PABLO OAKS CT STE 200
JACKSONVILLE FL 32224

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/15/03

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., 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

BUB ROJAHN, PRES

Date

10/13/03

Daytime Phone #

904 285 2653

CR2E040 (7/03)



HENDERSON KEASLER LAW FIRM

October 15, 2003

VIA FEDERAL EXPRESS
AIRBILL NO. 840019905283

Division of Corporations
Uniform Business Report Filings
409 East Gaines Street
Tallahassee, FL 32399

Re: Protocol Orthopedics, Inc.

Dear Sir or Madam:

Enclosed for filing is the Corporation Reinstatement form as completed by Robert Rojahn as President of Protocol Orthopedics, Inc. along with his company's check in the amount of \$158.75 representing the filing fee and the fee for a Certificate of Status.

We request respectfully you waive any reinstatement and penalty fees as the company's operations moved to a new location last spring and notification of the Uniform Business Report was not received by them until October 8, 2003.

Please acknowledge receipt of these documents by date stamping the enclosed copy of this letter and returning it to us in the self-addressed, stamped envelope.

If there are any questions, please contact us, otherwise, we look forward to receiving the Certificate of Status.

Sincerely,

HENDERSON KEASLER LAW FIRM

A handwritten signature in cursive script, appearing to read 'Frank R. Keasler, Jr.', written in dark ink.

Frank R. Keasler, Jr.

FRK/kk

Enclosures

cc: Protocol Orthopedics, Inc.

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Frank R. Keasler, Jr.

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