

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 AUG -8 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000111430**

1. Corporation Name

Ortho Products Management, Inc.

2. Principal Office Address - No P.O. Box #

115 W. Columbia Street

Suite, Apt. #, etc.

Suite A

City & State

Orlando, FL

Zip

32806

Country

US

3. Mailing Office Address

115 W. Columbia Street

Suite, Apt. #, etc.

Suite A

City & State

Orlando, FL

Zip

32806

Country

US

REINSTATEMENT 06-08

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

11/16/2001

5. FEI Number
010580759

☐ 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

J L Saunders

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

115 W. Columbia Street

Suite, Apt. #, Etc.

Suite A

City

Orlando, FL

State

FL

Zip Code

32806

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

J L Saunders

Date 8/6/08

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
DP	Scott Saunders	6709 Spring Rain Drive	Orlando, FL 32819
VP	J L Saunders	9050 Classic Court	Orlando, FL 32819

600134140856
08/08/08--01040--001 **450.00

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 contained in Chapter 119, 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

SCOTT SAUNDERS

8/6/08

Date

407-649-1878

Daytime Phone #