

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT 26 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000000507

1. Corporation Name

Southeast Orthotics, Inc.

2. Principal Office Address

10506 Cory Lake Dr.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33647

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

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

5. FEI Number

721522005

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

Brent Edward Squires

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

10506 Cory Lake Drive

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33647

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

REGISTERED AGENT MUST SIGN

Date

10/24/05

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
P	Brent Edward Squires	10506 Cory Lake Dr.	Tampa, FL 33647

200061076822
11/01/05--01055--011 **150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/24/05

Daytime Phone #

813-986-9657



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SOUTHEAST ORTHOTICS, INC.

10506 Cory Lake Drive, Tampa, Florida 33647
Toll Free: 1-866-304-0331 / Toll Free Fax: 1-866-429-2472
www.SoutheastOrthotics.com

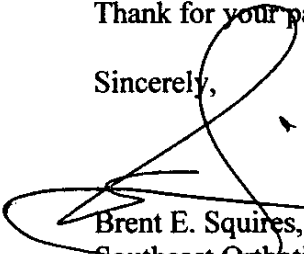
10/24/05

Division of Corporations,

Myself and my company have moved twice since last being registered. I never received a post card nor was I ever notified by the Division of Corporations to register. I hope you can understand my situation. I have enclosed a check for \$150.00 to register for the year.

Thank for your patience and understanding in this matter.

Sincerely,


Brent E. Squires, L.Ped, OFA
Southeast Orthotics, Inc.
President