

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P02000116568*

1. Corporation Name

*LLAMEND MEDICAL SERVICES &
ORTHOPEDIC SUPPLIES, INC.*

2. Principal Office Address

1850 SW 8ST

3. Mailing Office Address

1850 SW 8ST

Suite, Apt. #, etc.

#204 E

Suite, Apt. #, etc.

#204 E

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33135

Country

MIAMI-DADE

Zip

33135

Country

MIAMI-DADE

200024526522
11/07/03--01103--008 **750.00

FILED
03 NOV -7 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *03*

4. Date Incorporated or Qualified
To Do Business in Florida

10/30/2002

5. FEI Number

NONE

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

FRANK LLAUDY

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

2438 SW 6ST

Suite, Apt. #, Etc.

MIAMI

City

MIAMI

State
FL

Zip Code

33135

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 *11/06/2003*

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
<i>President</i>	<i>FRANK LLAUDY</i>	<i>2438 SW 6ST</i>	<i>MIAMI FL 33135</i>

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

11/06/2003 (786)
281-8908

Date

Daytime Phone #

CR2E001 (10/02)

TR