2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000004967

Entity Name: SOLIS ORTHOTICS & PROSTHETICS INC.

FILED Oct 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4635 N HARBOR CITY BLVD. 720 E. EAU GALLIE BLVD

BUILDING B INDIAN HARBOUR BEACH, FL 32937 US PALM SHORES, FL 32935 US

New Mailing Address: Current Mailing Address:

4635 N HARBOR CITY BLVD. 720 E. EAU GALLIE BLVD

INDIAN HARBOUR BEACH, FL 32937 **BUILDING B** US PALM SHORES, FL 32935 US

FEI Number: 20-2143489 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LORENZO, TERESA A LORENZO, TERESA A 4635 N US HWY 1, BLDG B MELBOURNE, FL 32935 440 COACH ROAD

SATELLITE BEACH, FL 32937 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TERESA A. LORENZO 10/16/2009

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition Title: PRFS () Delete Title: PRFS

LORENZO, TERESA A LORENZO, TERESA A Name: Name: 4635 N US HWY 1, BLDG B Address: 440 COACH ROAD Address:

City-St-Zip: MELBOURNE, FL 32925 US City-St-Zip: SATELLITE BEACH, FL 32927 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERESA A. LORENZO **PRES** 10/16/2009

Electronic Signature of Signing Officer or Director

Date