

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

182

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000012599

1. Corporation Name

Orthotic & Prosthetic Rehabilitation
Technologies, Inc.

2. Principal Office Address

Two Bethesda Metro Center

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1200

City & State

Bethesda, Maryland

City & State

Zip

20814

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/14/92

5. FEI Number

65-0375414

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Connie Bryan

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

2-12-02

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
Pres.	Ivan R. Sabel	Two Bethesda Metro Center 12th Floor	Bethesda, Maryland 20814
VP	Glenn M. Lohrmann	Two Bethesda Metro Center 12th Floor	Bethesda, Maryland 20814
Sect.	"	"	"
Treas.	"	"	"

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)(l), 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: *Glenn Lohrmann* Glenn Lohrmann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/8/02

Daytime Phone #

301/280-4542

CR2E081 (9/01)

BRUSSELS
CHICAGO
DENVER
DETROIT
JACKSONVILLE
LOS ANGELES
MADISON
MILWAUKEE
ORLANDO
SACRAMENTO
SAN DIEGO/DEL MAR
SAN FRANCISCO
TALLAHASSEE
TAMPA
WASHINGTON, D.C.
WEST PALM BEACH

Lg 2

February 8, 2002

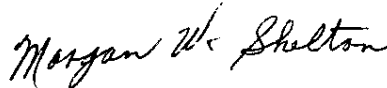
Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: Orthotic & Prosthetic Rehabilitation Technologies, Inc.

Dear Ms. or Sir:

On September 22, 2000, the above-referenced company was dissolved due to non filing of the Uniform Business Report. Neither the company, nor its registered agent received any Notices requesting the Report. Enclosed, please find the completed Reinstatement Form and check for \$450.00 to cover all fees. If anything more is needed, please contact me at the number listed below.

Sincerely,



Morgan W. Shelton

Enclosures

FOLEY & LARDNER
WASHINGTON HARBOUR
3000 K STREET, N.W., SUITE 500
WASHINGTON, D.C. 20007-5143

TEL: 202.672.5300
FAX: 202.672.5399
WWW.FOLEYLARDNER.COM

WRITER'S DIRECT LINE
202.295.4709

EMAIL ADDRESS
mshelton@foleylaw.com

CLIENT/MATTER NUMBER
302280.0001

002.701441.1

FOLEY & LARDNER