


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED 97 FEB 17 PM 4:26 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>P940LL018639</u>					
1. Corporation Name <u>South Florida Orthotics, Inc.</u> <u>8490 S.R. 84</u> <u>Ft. Lauderdale, FL 33324</u>					
Principal Place of Business Mailing Address <u>8490 S.R. 84, Ft. Lauderdale, FL 33324</u> If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3/1/94	
City & State		City & State		5. FEI Number	
Zip		Country		63-0469975	
CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1	2	3	4		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
D	Kevin Cummings	8490 S.R. 84 Ft. Lauderdale, FL 33324	Ft. Lauderdale, FL 33324		
D	Chris Cummings	8490 S.R. 84	Ft. Lauderdale, FL 33324		
REINSTATEMENT 95-91 <u>U. Alamy</u> <u>2/17/97</u>					
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
]			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			Suite, Apt. #, Etc.		
			City		
			State Zip Code		
			FL 33200-5066		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.					
Signature of Registered Agent		REGISTERED AGENT MUST SIGN		Date	
<u>J, EA</u>				2/14/97	
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax)					

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. 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

Daytime Phone #

954-927-0225

CR2E040 (12/95)