PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 95-97 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

97 JUL 31 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000088875

1. Corporation Name
INDEPENDENT ORTHOTICS, INC

Principal Place of Business
17317 BOYETTE RD.
LITHIA, FL 33547

Mailing Address
SAME

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
17317 BOYETTE RD
Suite, Apt. #, etc.
City & State
LITHIA, FL
Zip 33547 Country USA

3. New Mailing Office Address, If Applicable
17317 BOYETTE RD
Suite, Apt. #, etc.
City & State
LITHIA, FLORIDA
Zip 33547 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 11/09/1994

5. FEI Number 59-3274841 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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)

200002257612--6
-08/05/97--01016--006
***1080.00 ***1080.00

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City, State, Zip 4
PD	KAREN KINCAID	17317 BOYETTE RD	LITHIA, FL 33547
VD	DARREN CIFELLI	17317 BOYETTE RD	LITHIA, FL 33547
STD	ROBERT A. SZCZESNY	17317 BOYETTE RD	LITHIA, FL 33547
		REINSTATEMENT 95-97	

8. Name and Address of Current Registered Agent

KAREN KINCAID
17317 BOYETTE RD
LITHIA, FL 33547

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State FL Zip Code

7/31/97

CR2E040 (2/95)

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 X Karen Kincaid
REGISTERED AGENT MUST SIGN

Date 7/2/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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: X Karen Kincaid KAREN KINCAID 7/2/97 813-684-9226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #