

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # **P95000057388**

1. Corporation Name

NORTH FLORIDA PROSTHETICS AND ORTHOTICS, INC.

Principal Place of Business

Mailing Address

2300 SE 17 ST
SUITE 301
OCALA FL 34471

2300 SE 17 ST
SUITE 301
OCALA FL 34471



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 Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

07/25/1985

600 N.W. 75th St.

600 N.W. 75th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Gainesville FL

City & State
Gainesville FL

Zip

Country

Zip

Country

5. FEI Number

593333686

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	VERO, FRANK	2300 SE 17 ST SUITE 301	OCALA FL 34471
D	THURSTON, GARY A	1821 SE 34 LN	OCALA FL 34471
D	DUKE, JIM	1821 SE 34 LN	OCALA FL 34471

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***375.00 ***375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THURSTON, GARY A
1821 SE 34 LN
OCALA FL 34471

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Signature]
SIGNATURES REQUIRED
REGISTERED AGENT MUST SIGN

Date *2-22-96*

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gary A Thurston

2-22-96 *352.331.776*

Date Daytime Phone #