PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham **FOR** FILED Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 99 SEP 13 AM 8: 58 P96000018199 DOCUMENT# ORTHOTICS AND PROSTHETIC, INC. Mailing Address 7145 COLLINS AVE 2268 SW 8TH STREET MIAMI BCH FL 33141 MIAMI FL 33135 US 3 New Mailing Office Address, If Applicable 02/26/1996 Suite. Apt. #, etc. Suite, Apt #, etc 5. FEI Number Applied For 65-0645924 City & State City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status Country CERTIFICATE OF STATUS DESIRED 7 Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip Title(s) and/or Directors **PSD** LEON, MIGUEL 12900 SW 192ND AVE MIAM! FL 500002993405--1 -09/22/99--01006--009 ****150.00 ****150.00 **500002993405--**-09/22/93--01006--010 ****750.00 ****750.00 9. Name and Address of New Registered Address 8. Name and Address of Current Registered Agent Migoel _eon LEON, MIGUEL Street Address (P.O. Box Number is Not Acceptable) 71/15 COLLINS AVE colling Ave **MIAMI FL 33141** MIAMI BEACH 10 I, being appointed the registered agent of the prove named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. REGISTERED AGENT MUST SIGN This corporation owes or has paid the current year (See other side for information on intangible tax.) Yes L No Intangible Personal Property tax due June 30. 12 | Leaflify that Lam 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 filling 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:

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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