

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

NOV 30 AM 11:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # PA6000018199

1. Corporation Name

ORTHOTICS AND PROSTHETIC, INC.

2. Principal Office Address

7911 N.W. 72nd Avenue

Suite, Apt. #, etc.

213 B

City & State

Medley, FL

Zip

33166

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0645924

Applied

Not Appl

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee for a Certificate of S

7. Name and Address of Current Registered Agent

Name

Guillermo Ramon

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

7911 N.W. 72nd Avenue

Suite, Apt. #, Etc.

213 B

City

Medley

State
FL

Zip Code

33166

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

REGISTERED AGENT MUST SIGN

Date November 29, 2000

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
D/P/V/ S/T	Guillermo Ramon	7911 N.W. 72nd Avenue Suite 213 B	Medley, FL 33166

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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

November 29, 2000

Date

Daytime Phone #

KE