

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB 28 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000049863**

1. Corporation Name

Seminole Limb & Brace Corporation

200093729782
03/19/07--01032--023 **1050.00

2. Principal Office Address - No P.O. Box #

960 Starkey Road

Suite, Apt. #, etc.

1304

City & State

Largo, FL

Zip

33771

Country

USA

3. Mailing Office Address

960 Starkey Road

Suite, Apt. #, etc.

1304-

City & State

Largo, FL

Zip

33771

Country

USA

REINSTATEMENT 05-07

4. Date Incorporated or Qualified
To Do Business in Florida

06/11/1996

5. FEI Number

59-3376937

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Christopher L England

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

960 Starkey Road

Suite, Apt. #, Etc.

1304

City

Largo, FL

State

FL

Zip Code

33771

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Christopher L England

REGISTERED AGENT MUST SIGN

Date **2/23/07**

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
Pres	Christopher L England	960 Starkey Road	Largo, FL 33771

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 contained in Chapter 119, 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:

Christopher L England
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/23/07

727-743-4556

Daytime Phone #