PLEASE READ	ALL INSTRUCTIONS FOR DEPARTMENT Kettlerit Secretary of	BEFORE CO	OMPLETII	NG THIS FORM.	0
DOCUMENT # P97000029199  1. Corporation Name AllCARE Datho-Prosthetic Center, INC.			CHIED  CHANY IN PH 5: 19  CHANTAGE OF STATE TALLAMASSIE, FLORIDA		
Principal Place of Business  Id 165 De lawage Wood Lawe  ORlando F 1 30804  If above addresses are incorrect in any way, fine through incorrect information and enter correction below.					,
2. New Principal Office Address, Jf Applicable 3750 W /6 A UQ Suite, Apt. #, etc. 40 V	3750 W 16 A VQ rie, Apt. #, etc. Suite, Apt. #, etc.		4. Dale Incorporated or Qualified To Do Business in Florida 3/8/97  5. FEI Number Applied For		
Cry & State HIA LEAH  Zip 33011 Country SA	City & State  Zip Counti	ry	6	- 3 44 1 88 5 OF STATUS DESIRED (1) 58.75 for	Not Applicable Additional Fee required a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least title(s)  Name of Officers and/or Directors  Title(s)  Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N			nbers)	4 City/State MiAmi F/	
P. FRANCISCA MIRANDA 27 NW 136 AVE MIAMI F1 33165					1
			80	00028856 -05/25/99010 ****300.00	1880 050007 ****300.00
Name and Address of Current Registered Agent			Name and Add	dress of New Registered Ag	ent
FRANCISCA MIRANDA 27 NW 136 AUE MIAMI Fl 33165		Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  State   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 MUST SIGN  Date 4/36/97					
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No					
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 thing 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**  **Provided for in chapter 607 or 617, F.S. I further certify that when thing this reinstatement of the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S., that all fees over 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**  **Provided for in chapter 607 or 617, F.S. I further certify that when thing the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S. That when thing the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S. That when thing the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S. That when thing the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S. That when thing the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S. That all fees over the corporation for the corporation f					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytone Phone A					



April 28, 1999

Allcare Ortho-Prosthetic Center, Inc 3750 W 16 Ave. #404 Hialeah, FL 33012

**Division of Corporations Att: Certification Reinstatement**PO BOX 6327
Tallahassee, FL 32302

To Whom It May Concern:

Enclosed you will find a check for \$300.00 for the reinstatement of Allcare Ortho-Prosthetic Center, Inc Document # P97000029199. This payment is for the 1998 and 1999 annual report. The reason in which I did not pay this fee the prior year is because I did not receive the annual report renewal form in the mail. Please verify our mailing address on your records to clear any discrepancies. Your cooperation in accepting this as a full payment without any other additional costs will be greatly appreciated. Thank you for your time and attention concerning this matter.

Sincetely,

Francisca Miránda