

P97000070435

MARK EVANS KASS, P.A.

ATTORNEYS AT LAW

1497 NORTHWEST 7TH STREET

MIAMI, FLORIDA 33125

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

400002400734--2

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Reid Orthotics and Prosthetics, Inc.
(Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

☐ Walk in ☐ Pick up time

☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

APPROVED
AND
FILED
98 JAN -5 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
P97000070435
Vol 12
HPR
1-5-98

ARTICLES OF DISSOLUTION OF REID ORTHOTICS AND PROSTHETICS, INC.

1. The name of this corporation is Reid Orthotics and Prosthetics, Inc.
2. The names and respective addresses of its officers are:

Robert B. Reid, President, 4770 Biscayne Blvd., Suite 30, Miami, FL 33137

Otmara Reid, Secretary, 4770 Biscayne Blvd., Suite 30, Miami, FL 33137
3. All debts, obligations and liabilities of the corporation have been paid, discharged or adequate provision has been made therefor.
4. All the remaining property and assets of the corporation have been distributed to its shareholders in accordance with their respective rights and interests.
5. There are no actions pending against the corporation in any Court.
6. The written consent of all of the shareholders of the corporation is attached hereto.

DATED this 24 day of December, 1997.



Robert B. Reid, President



Otmara Reid, Secretary

STATE OF FLORIDA)

COUNTY OF DADE)

BEFORE ME, personally appeared Robert B. Reid and Otmara Reid, President and Secretary, respectively, of Reid Orthotics and Prosthetics, Inc., and acknowledged to me that they executed the foregoing Articles of Dissolution and they are personally known to me or who produced _____ as identification.

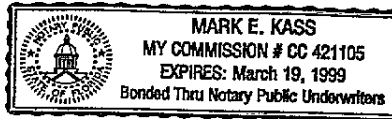
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 JAN -5 PM 2:47

APPROVED
AND
FILED

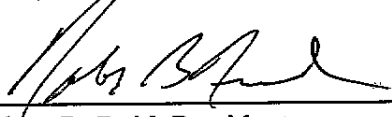
IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in
the state and county aforesaid on this 24 day of December, 1997.


NOTARY PUBLIC, State of Florida
at Large

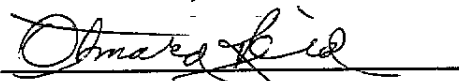


**SHAREHOLDERS WRITTEN CONSENT TO VOLUNTARILY DISSOLVE
REID ORTHOTICS AND PROSTHETICS, INC.**

The undersigned who are all of the shareholders of Reid Orthotics and Prosthetics, Inc.,
hereby consent to the Voluntary Dissolution .



Robert B. Reid, President



Otmara Reid, Secretary

98 JAN -5 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


APPROVED
AND
FILED

STATE OF FLORIDA)

COUNTY OF DADE)

BEFORE ME, personally appeared Robert B. Reid and Otmara Reid, President and
Secretary, respectively, of Reid Orthotics and Prosthetics, Inc., and acknowledged to me that
they executed the foregoing Consent to Voluntarily Dissolve and they are personally known to
me or who produced _____ as identification.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in
the state and county aforesaid on this 24 day of December, 1997.



NOTARY PUBLIC, State of Florida
at Large

My commission expires:

