

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P970000081129**

1. Corporation Name

M-TECH ORTHOTICS, INC.

2. Principal Office Address

7718 Debeaubien Dr.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32835

Country

USA

3. Mailing Office Address

7718 Debeaubien Dr.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32835

Country

USA

FILED

Jun 17, 2004 8:00 A.M.

Secretary of State

REINSTATEMENT

03-04

4. Date Incorporated or Qualified
To Do Business in Florida

09/18/1997

5. FEI Number

59-3468165

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

Lesley Graves-Boynton

600038163316

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

7718 Debeaubien Dr.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32835

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

Lesley Graves-Boynton
REGISTERED AGENT MUST SIGN

Date **6.14.04**

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
P	Lesley Graves-Boynton	7718 Debeaubien Dr.	Orlando, FL 32835

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)(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:

Lesley Graves-Boynton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

800-318-4199

Department of Health • Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
 TYPE IN UPPER CASE
 USE BLACK INK

This license not valid unless seal of Clerk,
 Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

Orange Co FL 2000-0213507
 05242000 11:07:55am
 OR Bk 6008 Pg 4135

Recorded - Martha O. Haynie

MLE-00-0000387

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) CHARLES RUDDICK BOYNTON			2. DATE OF BIRTH (Month, Day, Year) 09/26/1961		
3a. RESIDENCE - CITY, TOWN, OR LOCATION WINDERMERE		3b. COUNTY ORANGE		3c. STATE FLORIDA	
4. BIRTHPLACE (State or Foreign Country) FLORIDA					
5a. BRIDE'S NAME (First, Middle, Last) LESLEY JEANNETTE GRAVES			5b. MAIDEN SURNAME (If different) GRAVES		
6. DATE OF BIRTH (Month, Day, Year) 10/13/1960					
7a. RESIDENCE - CITY, TOWN, OR LOCATION WINDERMERE		7b. COUNTY ORANGE		7c. STATE FLORIDA	
8. BIRTHPLACE (State or Foreign Country) MICHIGAN					

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>Charles Ruddick Boynton</i>		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 05/02/2000	
11. TITLE OF OFFICIAL DEPUTY CLERK		12. SIGNATURE OF OFFICIAL (Use black ink) <i>Debi Wilke</i>	
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Lesley Jeannette Graves</i>		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 05/02/2000	
15. TITLE OF OFFICIAL DEPUTY CLERK		16. SIGNATURE OF OFFICIAL (Use black ink) <i>Debi Wilke</i>	

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE ORANGE		18. DATE LICENSE ISSUED 05/02/2000		19a. DATE LICENSE EFFECTIVE 05/05/2000		19. EXPIRATION DATE 07/01/2000	
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>W. C. Chapin</i>				20b. TITLE CLERK OF THE CIRCUIT COURT		20c. BY D.C. <i>[Signature]</i>	

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) May 13, 2000		22. CITY, TOWN, OR LOCATION OF MARRIAGE Palm Beach	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>[Signature]</i>		23c. ADDRESS (Of person performing ceremony) 19 Via Verde Road, Palm Beach, FL 33435	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Use black ink) OFFICIAL NOTARY SEAL: J. P. VINE COMMISSION NUMBER CC634511 MY COMMISSION EXPIRES APR. 11, 2001		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>	
25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>			

GROOM	26. SOCIAL SECURITY NUMBER	27. RACE	28. WERE YOU EVER PREVIOUSLY MARRIED?	IF ANSWER IS 'YES' TO ITEM 28, THEN COMPLETE ITEMS 29a, 29b, and 29c		
				29a. NO. OF THIS MARRIAGE	29b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT)	29c. DATE LAST MARRIAGE ENDED (Mo., Day, Year)
BRIDE						

STATE OF FLORIDA - COUNTY OF ORANGE
 I HEREBY CERTIFY that this is a copy of the document as recorded in this office.
 MARTHA O. HAYNIE, COUNTY COMPTROLLER

Dated *May 24, 2000*

PS 3/83



M-TECH Orthotics, Inc.

Office: 800-318-4199 • Fax:

7718 Debeaubien Dr. Orlando, FL 32835 407-291-7456

To: Whom It May Concern
From: Lesley Graves - Boynton → M-Tech
Date: 6.14.04
RE: Corp. Reinstatement

I am writing to ask that you please waive
the \$600 reinstatement fee for I did not receive
the 2003 annual report form due to new address.
Please accept payment of \$300 for 2003 + 2004
annual fees.

Should you have any questions or need any
further information please contact me at the
number above.

Thank you for your attention to this matter.

Sincerely,

Lesley Graves-Boynton
President

* Enclosed also
find marriage record
for name change...
Graves to
Graves-Boynton
HKS.
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