

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC 23 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000005274

1. Corporation Name

ORTHOTIC TECHNOLOGIES, INC.

700009417847
12/23/02--01045--008 **141.25

2. Principal Office Address

2660 Airport Road South

3. Mailing Office Address

2660 Airport Road South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

Zip

34112

Country

Collier

Zip

34112

Country

Collier

4. Date Incorporated or Qualified
To Do Business in Florida

01/16/98

5. FEI Number

593503981

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

George Vega, Jr., Esq.

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

2660 Airport Road South

Suite, Apt. #, Etc.

City

Naples

State
FL

Zip Code

34112

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/27/02

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	E. Brooks Moore	1201 Spyglass Lane	Naples, FL 34102
SD	George Vega, Jr.	2660 Airport Road South	Naples, FL 34112
PD	Ralph R. Palermo	2260 10th Street N.	Naples, FL 34103

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/27/02

Date

239-774-3333

Daytime Phone #

CR2E081 (9/01)

12/30