

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000008735
1. Corporation Name Independent Prosthetic Services, Inc.

P98000008735

2. Principal Office Address <u>649 W. Michigan Street</u>		3. Mailing Office Address <u>649 W. Michigan Street</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Orlando, Florida</u>		City & State <u>Orlando, Florida</u>	
Zip <u>32805</u>	Country <u>USA</u>	Zip <u>32805</u>	Country <u>USA</u>

REINSTATEMENT 99-00

4. Date Incorporated or Qualified To Do Business in Florida <u>98?</u>	
5. FEI Number <u>59-3492659</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name <u>William R. Daniels</u>	<u>400003405124-9</u>
Street Address (P.O. Box Number is Not Acceptable) <u>649 W. Michigan Street</u>	<u>-09/26/00--01096--010</u> <u>****900.00 ****900.00</u>
Suite, Apt. #, Etc.	
City <u>Orlando</u>	State <u>FL</u> Zip Code <u>32805</u>

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 William R. Daniel Date 9/12/00
REGISTERED AGENT MUST SIGN

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	William R. Daniels	649 W. Michigan St.	Orlando, Fl. 32805

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 exemption under section 607.0401(1)(b), 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: William R. Daniel William R. Daniel Date 9-12-00 Daytime Phone # 407-649-7771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/99)