

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY 16 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P9800002775**

1. Corporation Name

INDEPENDENT BRACE & MEDICAL, INC.

2. Principal Office Address

P.O. Box 7443

Suite, Apt. #, etc.

City & State

LAKELAND, FL

Zip

33807

Country

USA

3. Mailing Office Address

P.O. Box 7443

Suite, Apt. #, etc.

City & State

LAKELAND, FL

Zip

33807

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/25/1998

5. FEI Number

59-350996

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

TULA MICHELE HAFF, ESQUIRE

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

3399 CYPRESS GARDENS ROAD

Suite, Apt. #, Etc.

SUITE C

City

WINTER HAVEN

State
FL

Zip Code

33884

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

Tula Michele Haff, Esquire
REGISTERED AGENT MUST SIGN

Date **5/15/06**

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
PSD	RONNIE GULLEDGE	P.O. BOX 7443	LAKELAND, FL 33807
VPD	KAREN O. GASKELL	P.O. BOX 7443	LAKELAND, FL 33807

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 contained in Chapter 119, 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

5/15/06
Date

863-3245880
Daytime Phone #

TULA MICHELE HAFF

Attorney and Counselor at Law

TELEPHONE
863.324.5880

3399 CYPRESS GARDENS ROAD, SUITE C
WINTER HAVEN, FLORIDA 33884-2453

FACSIMILE
863.324.7786

May 15, 2006

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

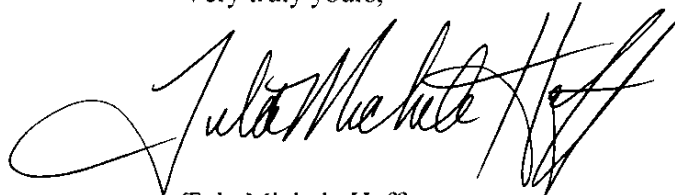
**RE: Corporation Reinstatement
INDEPENDENT BRACE & MEDICAL, INC.
Our File No.: 11058**

Dear Secretary of State:

Attached you will find the original Corporation Reinstatement form for INDEPENDENT BRACE & MEDICAL, INC. to be filed with your office. Also enclosed you will find our firm's check in the amount of \$1,658.75 to cover the reinstatement fee and Annual Report fees from 2000 to 2006 as well as a Certified Copy of the new Officers and Directors. Please file the Reinstatement and return one Certified Copy to my office upon completion. I have also enclosed a postage pre-paid/self-addressed envelope for your convenient the return of the same.

If you have any questions, please feel free to contact my office.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Tula Michele Haff', with a large, stylized flourish at the end.

Tula Michele Haff
Attorney at Law

TMH/krm

Enclosures
cc: INDEPENDENT BRACE & MEDICAL, INC.