PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY 14 AM 8: 18

_ _ _ _ _ _ STATE
_ _ _ _ _ _, FLORIDA

DOCUMENT # P98000081728

1. Corporation Name

B & G ORTHO LABS, INC

REINSTATEMENT 05-07
CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
6219 CLARET DRIVE	6219 CLARET DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State JACKSONVILLE, FL	City & State JACKSONVILLE, FL

Zip 32210	Country USA	Zip 32210	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 09/17/1998

5. FEI Number 59-3515070   ☐ 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: BETTY CLARK

Street Address (P.O. Box Number is Not Acceptable): 804 18th AVENUE N

Suite, Apt. #, Etc.

City: JACKSONVILLE BEACH   State: FL   Zip Code: 32250

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: _Betty Clark_   Date 4/27/07

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
DIR	BETTY CLARK	804 18th AVENUE N	JACKSONVILLE BEACH, FL 32250
			50010305945 05/23/07--01010--019 **1050.00
	P.S.-5/22		

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: _Betty Jo. Clark_ BETTY CLARK   (904) 745-4504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #