

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 17 PM 12:04

DOCUMENT # P98000105948

1. Corporation Name

UNITED ORTHOTIC DESIGN, INC.

Principal Place of Business

Mailing Address

3604 VENTURA DRIVE EAST
LAKELAND FL 33811

3604 VENTURA DRIVE EAST
LAKELAND FL 33811



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

621 WILLOW RUN

LAKELAND FL

33813

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1999

5. FEI Number

59-3621890

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	GULLEDGE, RONALD E	3604 VENTURA DRIVE EAST	LAKELAND FL 33811

7000003441707--4

-10/27/00--01019--006

****758.75 ****758.75

AP 10/13

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GULLEDGE, RONALD E
3604 VENTURA DRIVE EAST
LAKELAND FL 33811

Name

GULLEDGE RONALD E

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

621 WILLOW RUN

Suite, Apt. #, Etc.

City

LAKELAND

State

FL

Zip Code

33813

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-11-2000

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GULLEDGE, RONALD E. GULLEDGE 10-11-2000

(888) 858-4558

CR2E040 (8/00)