

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
John W. Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 NOV 28 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000056176

1. Corporation Name

PEDORTHIC LABS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

5056 EAST BAY DR.
CLEARWATER FL 33764

5056 EAST BAY DR.
CLEARWATER FL 33764

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

4. Date Incorporated or Qualified
To Do Business in Florida

06/18/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3581749

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PRES.	MARTIN W. PIERCE, JR.	5500 80TH PLACE	PINELLAS PARK FL, 33781
			LS
			9/13/00 90013/049 \$52.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PIERCE, MARTIN W JR.
5500 80TH PLACE
PINELLAS PARK FL 33781

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Martin W. Pierce, Jr.
REGISTERED AGENT MUST SIGN

Date

11/20/00

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

11/20/00 727-530-
Daytime Phone # 5223

Pedorthic Labs of Florida
Tri-City Plaza
5056 East Bay Drive
Clearwater, FL 33764
(727) 530-5223

2082

Nov. 20, 2000

Enclosed is the application completed
as instructed. Your 9/14, 9/29 correspondence
was responded to too, however, the
original application was mailed
and received on time with the
proper payment. Please waive
any additional penalties due
to this delay in the corrected
form. Thank you.

MARTIN W. PIERCE, JR.

PRESIDENT

