


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P99000076335

1. Corporation Name

ORTHOPAEDICS FORTE, INC.

Principal Place of Business

722 VIA BIANCA DR.
DAVENPORT FL 33837

Mailing Address

722 VIA BIANCA DR.
DAVENPORT FL 33837

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

2. New Principal Office Address, If Applicable

(NEW ZIP CODE) 33896

Suite, Apt. #, etc.

City & State

Zip

33896

Country

3. New Mailing Office Address, If Applicable

(NEW ZIP) 33896

Suite, Apt. #, etc.

City & State

Zip

33896

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/23/1999

5. FEI Number

59-3601353

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	WELLS, JOHN M	722 VIA BIANCA DR.	DAVENPORT FL 33837 33896
STVP	WELLS, SUSAN L	722 VIA BIANCA DR	DAVENPORT FL 33837 33896
			000004704920--0 -12/05/01--01002--003 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

WELLS, JOHN M
722 VIA BIANCA DR.
DAVENPORT FL 33837

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date

10/30/01

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/30/01

Daytime Phone #

407-925-
5835

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

01 NOV 19 AM 9:36



REINSTATEMENT 07

CR2E040 (8/01)