

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
 01 DEC -3 PM 4:13

DOCUMENT # **V66741**

1. Corporation Name

LENNON ORTHOPEDICS, INC.

Principal Place of Business

Mailing Address

5639 NATOMA DRIVE
 FT. MYERS FL 33919

5639 NATOMA DRIVE
 FT. MYERS FL 33919



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

REINSTATEMENT 01

4. Date Incorporated or Qualified To Do Business in Florida

09/23/1992

5. FEI Number

65-0359143

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
D	LENNON, STEVEN M.	5639 NATOMA DRIVE	FT. MYERS FL

000004721390--5
 -12/12/01--01084--011
 ****750.00 ****750.00

Handwritten signature

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ELLISON, LARRY D.
 17274 SAN CARLOS BLVD.
 #202
 FT. MYERS BEACH FL 33931

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

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

Handwritten signature of Larry D. Ellison

REGISTERED AGENT MUST SIGN

Date

11/25/01

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:

Handwritten signature of Steven M. Lennon

STEVEN M. LENNON

11/25/01

941 489-3242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/01)