PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 AUG 26 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H63236

1. Corporation Name

LOWELL J. DEEHL, M.D., INC., ST. PETERSBURG CENTER FOR BONE JOINT DISEASE AND MUSCULAR SKELETAL DISEASE

Principal Place of Business	Mailing Address
750 94th Avenue North Suite 206 St. Petersburg, FL 33702	750 94th Avenue North Suite 206 St. Petersburg, FL 33702

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

REINSTATEMENT 98.99 (N)
DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
1609 Jack Nicklaus Dr	1609 Jack Nicklaus Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Belen, NM	City & State: Belen, NM
Zip: 87002 Country:	Zip: 87002 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 7/1/85

5. FEI Number: 59-2545027 ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D/P/S/T	Helen H. Deehl	1609 Jack Nicklaus Drive	Belen, NM 87002

000002975380--3
-09/01/99--01008--004-
****900.00 ****900.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
UCC Filing & Search Services, Inc. 526 East Park Avenue Tallahassee, FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (12/95)

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: X Betty B Young — Date: 8/26/99
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 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., and all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. KE

SIGNATURE: X — Helen H. Deehl, President — (505) 861-0133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #