


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

13 DEC -9 AM 8:48
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L09000036024

1. Limited Liability Company's Name
QUALITY SPINAL INNOVATIONS, LLC

2. Principal Office Address - No P.O. Box # 7314 Ramoth Drive		3. Mailing Office Address P.O. Box 24988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32226	Country USA	Zip 32257	Country USA

CR2E041 (1/11)

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida **04/14/2009**

6. FEI Number 26-4665516	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Adam Pike

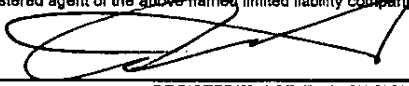
Street Address (P.O. Box Number is Not Acceptable)
7314 Ramoth Drive

Suite, Apt. #, Etc.

City Jacksonville,	State FL	Zip Code 32226
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E-mail Address:
000254541660
12/09/13--01001--014 **655.00
laurann@reliance-medical.net
 (To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent  Date **12/5/13**

REGISTERED AGENT MUST SIGN

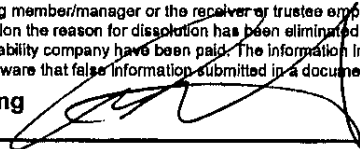
10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
Mgr	Adam Pike	7314 Ramoth Drive	Jacksonville, FL 32226

REINSTATEMENT

DEC 09 2013
R. HUNT

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager  Date **12/5/13** Daytime Phone # **901-295-3280**

Typed or printed name of signing Managing Member/Manager **Adam Pike, Manager**