


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS



*2001 UBR*

FILED  
01 NOV 16 PM 1:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L86816**

1. Corporation Name  
**HEALTHY ORTHOPEDICS II, INC.**

Principal Place of Business Mailing Address

2268 SW 8TH ST. 2268 SW 8TH ST.  
MIAMI FL 33135-4914 MIAMI FL 33135-4914

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 <b>07/10/1990</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0205386</b>	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
D	LEON, ESTHER	2268 SW 8TH ST	MIAMI FL

800004719088--1  
-12/11/01--01072--019  
\*\*\*\*150.00 \*\*\*\*150.00

FILED

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ADER, ROBERT 100 SE 2ND STREET, STE. 3320 MIAMI FL 33131		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code <b>FL</b>	

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 *SIGNATURE REQUIRED* Date 10-22-01

REGISTERED AGENT MUST SIGN

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* Date 10-22-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)

2002

Division Of Corporations  
Reinstatement Section

October, 24, 2001

From Healthy Orthopedics II Inc  
2268 S.W 8th Street  
Miami, Fl 33135

We are writing to inform you that Healthy Orthopedics never received the 2001 annual report uniform business report. We did receive the reinstatement application and were told to submit the reinstatement application with the fee of 150.00 dollars and this letter. Thank you for your attention to this matter.

*Esde Sen*