PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 03 APR 28 AM 9: 22 FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State REINSTATEMENT SECRETARY OF STATE TALLAHASSEE, FLORIDA DIVISION OF CORPORATIONS DOCUMENT # P0000108813 1. Corporation Name ADVANCED DRIHOPAEDICS OF SOUTH FLORIDA, INC. 2. Principal Office Address 3. Mailing Office Address 37 N. ORANGE AVE. SAME SUITE 500 4. Date Incorporated or Qualified To Do Business in Florida City & State 5. FEI Number Applied For OPLANDO, 593699517 Not Applicable Country \$8.75 Additional Fee required for a Certificate of Status 32801 U.S. CERTIFICATE OF STATUS DESIRED 🔲 7. Name and Address of Current Registered Agent LUBINSKY (CEO 000017123480 37 N. ORANGE AVE. Suite, Apt. #, Etc. 04/28/03--UIU18--UU/ **900.00 State Zip Code ORLANDO 32801 8. I, being appointed the registered ager (Tyle above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of 0 } Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Officers and/or Directors City / State / Zin 37 N. ORANGE AVE., SUITE 500 37 N. DRANGEAUE., SUITE SOO DREAMOO, FL 32801 7625 LAKE WORTH RO. 10. 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 filling 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

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR