PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 14 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000070630**

1. Corporation Name

GRANDSLAM ORTHOPEDICS CORP.

Principal Place of Business	Mailing Address
9670 S W 81ST LANE MIAMI FL 33173	9670 S W 81ST LANE MIAMI FL 33173

500024716345
11/14/03--01077--017 **150.00

03

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

4. Date Incorporated or Qualified To Do Business in Florida: 07/01/2002

5. FEI Number: ✓ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	PEDROSO, DENYS A	9670 S W 81ST LANE	MIAMI FL 33173

REINSTATEMENT

8. Name and Address of Current Registered Agent

PEDROSO, DENYS A
9670 S W 81ST LANE
MIAMI FL 33173

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: [signature] Date: 11-09-03
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] 11-09-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BB

November 9, 2003

Denys A. Pedroso
GrandSlam Orthopedics Corp.
9670 SW 81st Lane
Miami FL, 33173

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I am writing this letter, per my telephone call to the 800 number listed. I was asked to write the reason for not filling this year on time. The reason being I never received the letter to file for active status therefore I was not aware of the matter. This is also my first year with the corporation, unfortunately I was I not informed that I had to file for every year. If I had known then I would have been looking out for the application. I hope you can understand.

I am mailing a check for the $150.00 needed to reinstate my corporation as requested by the person who helped me on the phone. I hope this will take care of everything and if there are any questions please don't hesitate to call me at 305-979-7077.

Thank you,

Denys A. Pedroso