

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

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

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)

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

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

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]
REGISTERED AGENT MUST SIGN

Date

11-09-03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-09-03

CR2E040 (7/03)

20f2

November 9, 2003

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

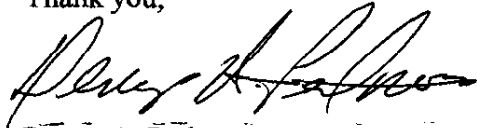
Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

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