PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 SEP 28 PM 5:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT (CR2E081 (10/07)) 06-07 mos

DOCUMENT # P04000068207

1. Corporation Name

ORTHOPEDIC CENTER AMERICA INC

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
5060 SW 64TH AVE NO 210	5060 SW 64TH AVE NO 210
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DAVIE FL	City & State: DAVIE FL
Zip: 33314 Country: USA	Zip: 33314 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 04/02/2004

5. FEI Number: 47-0941127 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: BELLAIDA LOZANO GENTILI

Street Address (P.O. Box Number is Not Acceptable): 5060 SW 64TH AVE NO 210

Suite, Apt. #, Etc.:

City: DAVIE State: FL Zip Code: 33314

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Bellaida Lozano Gentili Date: 9-25-2007
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PS	BELLAIDA LOZANO GENTILI	5060 SW 64TH AVE NO 210 DAVIE FL 33314	DAVIE, FL 33314
VD	CARLOS E KAY	5060 SW 64TH AVE NO 210 DAVIE FL 33314	DAVIE, FL 33314
		400110052184 09/28/07--01023--007 **300.00	

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 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 contained in Chapter 119, 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: Bellaida Lozano Gentili BELLAIDA LOZANO GENTILI,PRESIDENT 9-25-2007 954-218-9455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #