

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 768605

1. Corporation Name

Miami Orthopaedic Society, Inc.

2. Principal Office Address

1172 S Dixie Highway

Suite, Apt. #, etc.

Suite 357

City & State

Coral Gables, FL

Zip

33146

Country

USA

3. Mailing Office Address

1172 S Dixie Highway

Suite, Apt. #, etc.

Suite 357

City & State

Coral Gables, FL

Zip

33146

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/24/1983

5. FEI Number

59-1736480

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert M. Kramer, Esq.

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

4000 Hollywood Boulevard

Suite, Apt. #, Etc.

485-South

City

Hollywood

State

FL

Zip

33021

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

Date

07/24/06

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 |
|--------|--------------------------------------|---|------------------------|
| S | Gayle Reichner | 1172 S Dixie Hwy #357 | Coral Gables, FL 33146 |
| PD | Dr. Keith Hechtman | 1172 S Dixie Hwy #357 | Coral Gables, FL 33146 |
| VPD | Dr. Ismael Montane | 1172 S Dixie Hwy #357 | Coral Gables, FL 33146 |
| TD | Dr. Rafael Fernandez | 1172 S Dixie Hwy #357 | Coral Gables, FL 33146 |
| | | | |
| | | | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/16/06

Daytime Phone #

305 667 6920

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