PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	Se	DEPARTMENT OF STA ecretary of State ION OF CORPORATIONS	ATE	O4 MAR 15 AM 10: 2: SECRETARY OF STATE TALLAHASSEE, FLORIDA		
DOCUMENT # F0000000526 W04 - 7974 1. Corporation Name				and the second College	en . I	
Foot & Ankle Health Centers, P.C.				nstatement	01-09	
2. Principal Office Address 3. Mailing O 35109 Quaker Way 35109		ice Address Quaker Way	02/	70002940552 25/0401071013 *	≥7 *450.00	
Suite, Apt. #, etc. Suite, Apt.		4.		Date Incorporated or Qualified To Do Business in Florida		
		on Hills, MI		5. FEI Number Applied For 38~3444037 Not Applicable		
Zip Country 48331 USA	Zip 48331	Country . USA	6. CERTIFIC		litional Fee required rtificate of Status	
Name Kenneth D. Poss, D.P.M. Street Address (P.O. Box Number is Not Acceptable) 4800 Linton Blvd. Suite, Apt. #, Etc. Suite 301 City State Zip Code						
Delray Beach 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 Kenneth D. Poss REGISTERED AGENT-MOST SIGN						
9. Names and Street Addresses of Each Officer and/or Director (Flo Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip		
PSTD Kenneth D. Poss, D.P.M.		41431 Ten Mile Road		Novi, MI 48375		
VP Randy H. Bernstein, D.P.M.		41431 Ten Mile Road		Nov1, MI 48375		
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 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: Kenneth D. Poss 12/31/03 Baytime Phone #						

FOOT & ANKLE HEALTH CENTERS, P.C. 35109 Quaker Way Farmington Hills, Michigan (MI) 48331

January 1, 200 4 4

Florida Department of State Reinstatement Division - Corporations 409 E. Gaines Tallahassee, Florida 32399

Re: Reinstatement of Foot & Ankle Health Centers, P.C. - #F00000000526

Dear Sir/Madam:

As required by your office, I am writing to you personally, as the President and the sole Director of Foot & Ankle Health Centers, P.C., to request a reinstatement with your office. As stated in the accompanying letter from my attorney, Barry R. Bess, I did not receive the missing Annual Report forms from your office for 2001, 2002 or 2003. It is my understanding that the penalty fees may be waived in such cases, which I am respectfully requesting.

Please call me at 561-499-5757 if you have any questions. You may also call my attorney, Mr. Bess, or his assistant, Colleen Fitzpatrick, at 800-883-7620, if you wish.

Thanks very much for your assistance.

Foot & Ankle Health Centers, P.C.

a Michigan corporation

Kenneth D. Poss

President and Sole Director

BRB/chf

SEYBURN, KAHN, GINN, BESS AND SERLIN

PROFESSIONAL CORPORATION

2000 TOWN CENTER, SUITE 1500, SOUTHFIELD, MICHIGAN 48075-1195

TELEPHO NE (248) 353-7620 FACSIMILE (248) 353-3727

BRUCE H. SEYBUR N
BRUCE S. KAHN¹
JAMES M.GINN
BARRY R. BESS
JOEL H. SERLIN
GORDON S. GOLD
MARK S.COHN
HAR OLD R. OSEFF
RICHARD C. BRUDER
LESLIE STEIN
BARRY M. ROSENBAUM
TOVA SHABAN

ALAN M. STILLMAN
HENRY M. NIRENBERG, IL.M.
RICHARD E. BAKER
RONALD L. CORNELL, JR.
DAVID C. MAY
MICHAEL N. SANTEUPEMIA
BARRY R. POWERS
MAR GUERITE M. DONAHUE
JENNIFER SCHOATS FLACK 28.5
JULIE C. CANNER
JOSEPH W. LASH
MICHAEL D. MEZEY

LAURA E. BLOOM'
JAY Y. MANDEL'**
JEFFREY C. URBAN
SCOTT A. SMALL'
STEVEN L. KNOX, LL.M.'
MARC E. SEYBURN
MICHAEL W. BENOIT
DUNCAN P. OGILVIE
KIMBERLY M. OS LER
KENNETH J. POCIUS

OF COUNSEL
STEVEN ALEXSY
DALE R. CAMPBELL
CHERYL SCOTT DUBE
CAROLYN SCHWARZ TISDALE**

COUNSEL DAVID J. LIEBERMAN

'ALSO MEMBER OF CALIFORNIA BAR
'ALSO MEMBER OF NORTH CAROLINA BAR
'ALSO MEMBER OF MINNESOTA BAR
'ALSO MEMBER OF BLINIOS BAR
'ALSO MEMBER OF DISTRICT OF COLUMBIA BAR
'ALSO MEMBER OF MAYLAND BAR
'ALSO MEMBER OF MEYLAND BAR
'ALSO MEMBER OF NEW YORK BAR
'ALSO MEMBER OF NEW YORK BAR
'ALSO MEMBER OF CONNECTICUT BAR

February 18, 2004

Certified Mail No. 7060-3901-9842-1314-0818 Return Receipt Requested

State of Florida Division of Corporations 409 E. Gaines Tallahassee, Florida 32399

RE: Foot & Ankle Health Centers, P.C., Document No. F00000000526

Dear Sir\Madam:

Enclosed is an original signed Application for Reinstatement for Foot & Ankle Health Centers, P.C., together with the required request letter, which are needed to restore the Corporation to good standing in Florida. For the record, please note that my client did not received the 2001, 2002 or 2003 Annual Report forms that are missing. It is our understanding that the reinstatement penalty fee may be waived in such cases, which we are respectfully requesting.

As instructed by your office, we have enclosed a check in the amount of \$450.00 to cover the Annual Report fees for 2001, 2002 and 2003. As further instructed, we have not included the missing Reports. Please call me or my assistant, Colleen Fitzpatrick, at 1-800-883-7620 if you have any questions or need additional information.

LAW OFFICES
SEYBURN, KAHN, GINN,
BESS AND SERLIN
PROFESSIONAL CORPORATION

State of Florida Division of Corporations February 18, 2004 Page 2

Thank you for your help in reinstating this Corporation.

Sincerely,

SEYBURN, KAHN, GINN, BESS AND SERLIN, P.C.

Barry R. Bess
Barry R. Bess

Attorney

BRB/chf Enclosures

cc: Kenneth D. Poss, D.P.M., w/enclosures Rebecca G. Glover, CPA, w/enclosures