

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. DOCUMENT # L01000009269

Name and Mailing Address

0003784 01 FP 0.352 **PRST T2 0 0615 33404-170335
INNOVATIVE SPINAL DESIGN, LLC
8049 MONTERAY DRIVE
#C5
RIVIERA BEACH FL 33404-1703

US

FILED

02 NOV -1 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E084 (8/02)

2. New Mailing Address

8049 Monetary Dr. #C5

City, State, Zip

Riviera Beach, FL 33404

Principal Place of Business

8049 MONTERAY DRIVE

#C5

RIVIERA BEACH FL 33404

US

3. New Principal Place of Business Address

same

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

06/11/2001

6. FEI Number

65-1113192

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

SINGER, MICHAEL S ESQ.
3801 PGA BOULEVARD
SUITE 802
PALM BEACH GARDENS FL 33410

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/24/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MBM	Leigh Vastola-Rainforth (manager)	8049 Monetary Dr #C5 Riviera Beach, FL 33404	
M	Matthew G. Baynham (partner)		
M	G. Clay Baynham (partner)		
M	Bret O'Neil Baynham (partner)		
M	David R. Campbell (partner)		

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

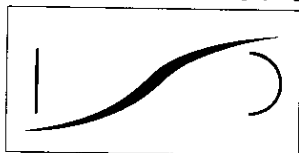
Signature of
Managing Member/Manager

Date 10/23/02

Daytime Phone # (561) 863-6655

Typed or printed name of signing Managing Member/Manager

Leigh K. Vastola-Rainforth



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October 23, 2002

Florida Department of State
Division of Corporations, Registration Section
PO Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

We are in receipt of a notice of cancellation due to our non-response to a request for a 2002 uniform business report. We never received this request and apologize for not getting it to your office in a timely manner. I've enclosed the form you sent our company with a check for \$50 to cover the renewal fee. Please consider waiving the \$100 penalty for us, in recognition of the fact that we did not know our obligation to you was overdue.

Thank you for your understanding in this matter.

Cordially,

Leigh Vastola-Rainforth