

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB -2 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L44691

1. Corporation Name

Golden Orthopaedic Knee and Sports
Medicine Center

REINSTATEMENT 03-04

2. Principal Office Address

9960 Central Park Blvd. S.

3. Mailing Office Address

818 NE 76th St.

Suite, Apt. #, etc.

Suite 101

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton,
Florida

Zip

33428

Country

Palm Beach

Zip

33487

Country

Palm Beach

200028065272

02/02/04--01104--028 **300.00

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

1-19-90

5. FEI Number

65-016-9490

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

Marc D. Golden, D.O.

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

818 NE 76th St.

Suite, Apt. #, Etc.

City

Boca Raton

State
FL

Zip Code

33487

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

Signature of
Registered Agent

[Signature]

Date

1-24-04

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
<u>Pres</u>	<u>Marc D. Golden, D.O.</u>	<u>818-NE-76th St.</u>	<u>Boca Raton, FL 33487</u>
<u>T/S</u>			

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-26-04

Daytime Phone #

561-998-8018



GOLDEN ORTHOPAEDIC KNEE AND SPORTS MEDICINE CENTER

Marc D. Golden, D.O.

- Knee Specialist
- Joint Arthroscopy & Reconstruction
- Sports Medicine

Jeffrey S. Rosenfield, M.D.

- Hand Specialist
- Wrist, Elbow & Shoulder Arthroscopy & Reconstruction

Martha J. Solomon, D.P.M.

- Foot & Ankle Specialist
- Wound Care

January 24, 2004

Florida Dept. of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32399


To Whom It May Concern:

Per instructions from one of your helpful telephone representatives ,enclosed please find our completed Corporation Reinstatement form and our check in the amount of \$300.00 representing the \$150.00 filing fee for 2003 and the \$150.00 filing fee for 2004.

I have personally been responsible for filing this form for the past thirteen years with no problems. However, I did not receive the form for the year 2003. Therefore, please waive the late fees for 2003. Also ,as indicated on the reinstatement form, please change the mailing address to 818 NE 76th St., Boca Raton, Fl 33487.

Thank you.

Sincerely,



Julie Golden

West Boca Medical Arts Pavilion
9960 Central Park Blvd. S., Suite 101
Boca Raton, Florida 33428
TEL: 561 488-2200
FAX: 561 488-1064

South County Professional Centre
16244 South Military Trail, Suite 710
Delray Beach, Florida 33484
TEL: 561 637-4200
FAX: 561 637-3222