

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L86816

1. Corporation Name

HEALTHY ORTHOPEDICS II, INC.

Principal Place of Business

Mailing Address

2268 SW 8TH ST.
MIAMI FL 33135-4914

2268 SW 8TH ST.
MIAMI FL 33135-4914

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/10/1990

5. FEI Number

65-0205386

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	LEON, ESTHER	2268 SW 8TH ST	MIAMI FL

800004719088--1
-12/11/01--01072--019
****150.00 ****150.00

FILS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ADER, ROBERT
100 SE 2ND STREET, STE. 3320
MIAMI FL 33131

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date 10-22-01

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-22-01

2002

Division Of Corporations
Reinstatement Section

October, 24, 2001

From Healthy Orthopedics II Inc
2268 S.W 8th Street
Miami, Fl 33135

We are writing to inform you that Healthy Orthopedics never recieved the 2001 annual report uniform business report. We did recieve the reinstatement application and were told to submit the reinstatement application with the fee of 150.00 dollars and this letter. Thank you for your attention to this matter.

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