

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N00000000325**

1. Corporation Name

01 NOV -6 PM 12:17

**HYNES FOUNDATION ORTHOPAEDIC AND SPINE INSTITUTE
, INC.**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

603 ATLANTIC ST.
MELBOURNE BEACH FL 32951

603 ATLANTIC ST.
MELBOURNE BEACH FL 32951

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

2. New Principal Office Address, If Applicable

~~205 E. NASA BLVD~~

3. New Mailing Office Address, If Applicable

~~205 E. NASA BLVD~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

~~Melbourne FL~~

City & State

~~Melbourne FL~~

Zip

~~32901~~

Country

~~USA~~

Zip

~~32901~~

Country

~~USA~~

REINSTATEMENT *2ed*

4. Date Incorporated or Qualified
To Do Business in Florida

01/18/2000

5. FEI Number

59-3671451

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HYNES, RICHARD A M.D. Hynes, Richard A, M.D.	603 ATLANTIC ST.	MELBOURNE BEACH FL 32951
D	HYNES, DIANE L Bennett, Lew	603 ATLANTIC ST. 1020 Gulf Blvd	MELBOURNE BEACH FL 32951 Belleair Shore, FL 33786
D	HYNES, DENA Whittaker, Kenneth	603 ATLANTIC ST. 1692 W Hibiscus Blvd	MELBOURNE BEACH FL 32951 Melbourne FL 32901
D	O'Brien, Jeffrey T.	650 S. Courtenay Pkwy	Merritt Island, FL 32952
			900004698059--6 -11/29/01--01040--021 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

HYNES, RICHARD A M.D.
603 ATLANTIC ST.
MELBOURNE BEACH FL 32951

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date 10/30/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/30/01 (321) 223-7716

Daytime Phone #

CR2E040 (8/01)