

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

97 OCT 29 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N32712

1. Corporation Name

FOUNDATION FOR MUSCULOSKELETAL RESEARCH AND EDUCATIONAL, INC.

Principal Place of Business

Mailing Address

% ROY SANDERS  
4175 EAST FOWLER AVE.  
TAMPA FL 33617

% ROY SANDERS  
4175 EAST FOWLER AVE.  
TAMPA FL 33617



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		4. Date Incorporated or Qualified To Do Business in Florida 06/08/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2943168	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	SPIEGEL, PHILLIP G M.D.	4175 E. FOWLER AVE.	TAMPA FL 33617
VD	BELSOLE, ROBERT J M.D.	4175 E. FOWLER AVE.	TAMPA FL 33617
D	WALLING, ARTHUR K M.D.	4175 E. FOWLER AVE.	TAMPA FL 33617
VD	Sanders, Roy M.D.	4175 E. Fowler Ave	Tampa FL 33617
<b>REINSTATEMENT 1997</b>			
A. Alan			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SANDERS, ROY  
4175 E. FOWLER AVE.  
TAMPA FL 33617

Name

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

Suite, Apt. #, Etc.

City

300002335403-5

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FL

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 10-28-97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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

Daytime Phone #

10-28-97 8139789700