

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

02 FEB -6 PM 5:00

DOCUMENT # N51138

1. Corporation Name

FLORIDA FOUNDATION FOR RESEARCH IN SPINAL DISORDERS, INC.

Principal Place of Business
7105 N.W. 18th Avenue
~~XXXXXX PLACE~~
GAINESVILLE FL 32605
US

Mailing Address
7105 N.W. 18th Avenue
~~XXXXXX PLACE~~
GAINESVILLE FL 32605
US



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

REINSTATEMENT

01-02

| | | | | | |
|--|--|--|--|--|--|
| 2. New Principal Office Address, If Applicable 7105 N.W. 18th Avenue Suite, Apt. #, etc. | | 3. New Mailing Office Address, If Applicable 7105 N.W. 18th Avenue Suite, Apt. #, etc. | | 4. Date Incorporated or Qualified To Do Business in Florida 09/29/1992 | |
| City & State Gainesville, FL | | City & State Gainesville, FL | | 5. FEI Number 59-3157537 | |
| Zip 32605 | | Zip 32605 | | Applied For Not Applicable | |
| Country USA | | Country USA | | 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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|--|---|---|
| D | SUTTERLIN, CHESTER E. III | XXXXXX PLACE 7105 N.W. 18th Avenue | GAINESVILLE FL 32605 |
| D | ZAHN-SUTTERLIN, COLLEEN | 7105 NW 18 AVE | GAINESVILLE FL 32605 |
| D | ZAHN, RICHARD C | 1033 WIDEVIEW | TARPON SPRINGS FL 34689 |
| | | | 300004911859--0 -02/12/02--01060--007 ****236.25 ****236.25 |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SUTTERLIN, CHESTER E III
~~XXXXXX PLACE~~ 7105 N.W. 18th Avenue
GAINESVILLE FL 32605

Name
Chester E. Sutterlin, III
Street Address (P.O. Box Number is Not Acceptable)
7105 N.E. 18th Avenue
Suite, Apt. #, Etc.

City
Gainesville

State
FL

Zip Code
32605

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

C. Sutterlin
REGISTERED AGENT MUST SIGN

Date

12/31/01

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:

C. Sutterlin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/31/01 (352)
331-3772

CR2E040 (801)