

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 JUL 12 PM 4:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *N 980 000 00514*

1. Corporation Name

*BONES Society of Florida Inc.*

2. Principal Office Address

*1212 E BROWARD BLVD*

Suite, Apt. #, etc.

*300*

City & State

*FT LANDERDALE FL*

Zip

*33301*

Country

*US*

3. Mailing Office Address

*1212 E BROWARD BLVD*

Suite, Apt. #, etc.

*300*

City & State

*FT LANDERDALE FL*

Zip

*33301*

Country

*US*

REINSTATEMENT 03-05

4. Date Incorporated or Qualified  
To Do Business in Florida

*1/28/98*

5. FEI Number

*650808663*

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

*Judy Zepeda*

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

*1212 EAST BROWARD BLVD.*

Suite, Apt. #, Etc.

*300*

City

*FT LANDERDALE*

State

*FL*

Zip Code

*33301*

8. I, being appointed the registered agent of 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 *7/7/05*

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
<i>D</i>	<i>APRIL DESIMONE</i>	<i>504 PALMETTO ST</i>	<i>NEW Smyrna FL 32168</i>
<i>D</i>	<i>Allen Oliver</i>	<i>345 W. Muchugan ST</i>	<i>ORLANDO FL 32806</i>
<i>D</i>	<i>Gretchen Feldman</i>	<i>3000 E. Fletcher Ave</i>	<i>Tampa FL 33613</i>
<i>D</i>	<i>Judy Zepeda</i>	<i>1212 E BROWARD Blvd.</i>	<i>FT LAND. FL 33301</i>
<i>D</i>	<i>Tania Jones</i>	<i>6006 IRIS ST</i>	<i>ALMONTA Sp. FL 32714</i>
<i>D</i>	<i>Sandra Taradugo</i>	<i>7100 W 20 Ave</i>	<i>Hiawatha FL 33016</i>

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:

*Judy Zepeda*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/7/05 954621526*

Date

Daytime Phone #

CR2001 (01/05)