

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 JUN 10 AM 3:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #N99000003380

1. Corporation Name

The Center for Osteoporosis

2. Principal Office Address

11684 Olde Mandarin

Suite, Apt. #, etc.

Rd.

3. Mailing Office Address

P.O. Box 580667

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32223

Country

DUVAL

Zip

32255

Country

DUVAL

4. Date Incorporated or Qualified  
To Do Business in Florida

5/27/1999

5. FEI Number

59-3602292

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

William E. Shields

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

11684 Olde Mandarin Rd.

Suite, Apt. #, Etc.

City

JACKSONVILLE, FL

State

FL

Zip Code

32223

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

William E. Shields

Date

6/7/04

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
P/O	William E. Shields	11684 Olde Mandarin Rd	JACKSONVILLE, FL 32223
M/D	Margie Tinney	11684 Olde Mandarin Rd	JACKSONVILLE, FL 32223
S/D	Susan A. Shields	11684 Olde Mandarin Rd	JACKSONVILLE, FL 32223

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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:

William E. Shields (William E. Shields)

Date

6/7/04

Daytime Phone

904-268-4997

CFR2081 (01/04)