

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 10 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000082174

1. Corporation Name

BROWARD ORTHOPEDIC ASSOCIATES, INC.

Principal Place of Business

300 SE 17TH STREET, 2ND FLOOR
FORT LAUDERDALE FL 33316

Mailing Address

300 SE 17TH STREET, 2ND FLOOR
FORT LAUDERDALE FL 33316

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/30/2000

5. FEI Number

59-2113149

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	LWIN, SEIN	300 SE 17TH STREET, 2ND FLOOR	FORT LAUDERDALE FL 33316
S	Michael Abrahams M. D.	220 S. W. 84th Avenue	Plantation, Fl. 33324

8. Name and Address of Current Registered Agent

LWIN, SEIN
300 SE 17TH STREET, 2ND FLOOR
FORT LAUDERDALE FL 33316

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date December 3, 2002

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/03/02 (954) 525-3000

SEIN LWIN, M.D., P.A.
FRACTURES & ORTHOPEDIC SURGERY
300 S.E. 17th Street, 2nd Floor
Fort Lauderdale, FL 33316
TELEPHONE: 525-3000

val

December 3, 2002

Ms. Michelle Milligan
Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

RE: Corp. #P0000082174

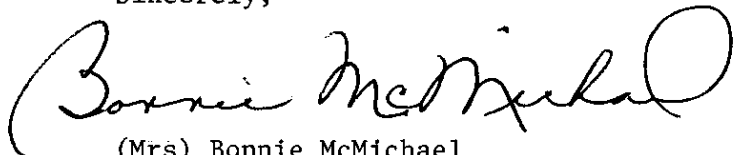
Dear Ms. Milligan:

As per our conversation this date, I was told a rejection letter was mailed to the corporation on May 28, 2002 requesting corrections, and we did not receive this correspondence or any other correspondence until the dissolution letter. I hereby request your office waive any penalty fees. I am enclosing completed application for reinstatement.

If you have any questions regarding the above, kindly contact our office.

Thank you.

Sincerely,



(Mrs) Bonnie McMichael
Admin. Secretary to Dr. Lwin

SL:bjm

Enclosures