

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P00000096141

1. Corporation Name

BROWARD ORTHOPEDIC SPECIALISTS, INC.

Principal Place of Business

2730 NE 25TH STREET
FT LAUDERDALE FL 33305

Mailing Address

2730 NE 25TH STREET
FT LAUDERDALE FL 33305

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

2. New Principal Office Address, If Applicable
4875 N. FEDERAL HIGHWAY

Suite, Apt. #, etc.
800

City & State
FT. LAUDERDALE, FL

Zip
33308

Country
BROWARD

3. New Mailing Office Address, If Applicable
4875 N. FEDERAL HIGHWAY

Suite, Apt. #, etc.
800

City & State
FT. LAUDERDALE, FL

Zip
33308

Country
BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

10/12/2000

5. FEI Number

65-1047791

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	REILLY, MICHAEL T	2730 NE 25TH STREET	FT LAUDERDALE FL 33305

8. Name and Address of Current Registered Agent

REILLY, MICHAEL T
2730 NE 25TH STREET
FT LAUDERDALE FL 33305

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

Michael T. Reilly
REGISTERED AGENT MUST SIGN

Date

10/24/02

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:

Michael T. Reilly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/24/02

Daytime Phone #

CR2E040 (9/02)