## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 17 AM 8: 35

## **APPLICATION** FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

1. Corporation Name						SECRETARY OF STATE JALLAHASSEE, FLORIDA			
SPINE	SLAND	INC.				TAL	_AHASSEE. FLORI	DA .	
Principal Place of Business Mailing Address						-			
10434 W. ATLANTIC BLVD CORAL SPRINGS FL 33071			10434 W. ATLANTIC BLVD. CORAL SPRINGS FL 33071						
		incorrect in any way, line t				REI	NSTATER	ENT 03	
2. New P	rincipal Office	Address, If Applicable	3. New Ma	New Mailing Office Address, If Applicable			oorated or Qualified iness in Florida	40/04/0000	
Suite, Apt. #, etc. Suite,				e, Apt. #, etc.		5. FEI Numbe	•F	10/24/2000 Applied Fo	
City & State City & Sta				le			65-1050929	Not Applied	
Zip Country		Zip	Zip Country		6. \$8.75 Additional Fee required for a Certificate of Status				
7. Names	and Street Ad	dresses of Each Officer an	d/or Director (FI	orida nonprofit corp	porations must list at lea	ast 3 directors)	<del></del>		
Title(s)	e(s) Name of Officers and/or Directors			Street Addr Officer and				ty / State / Zip	
DR GOLINGER, DA		r, david	DAVID		9512 SOUTH VERMOSA EARIE		TAMARAC FL.33321		
	6. Nam	ne and Address of Curren	t Registered Ap	10434°	W, ATLA	00 10/17/	VD CVR. ED 023915 03-01091-00		
	······································				Name DO	DAVIA	Calinder	n	(2/03)
GOLDBERG, ADAM S ESQ. 7770 W. OAKLAND PARK BOULEVARD SUITE 470 SUNRISE FL 33351				=	1043	•			CB2E040 (7
10. I, bein	g appointed th	e registered agent of the at	ove named corp	oration, am familia	ar with and accept the o	bligations of Sect	ion 607.0505, F.S. or 61	7.0505, F.S.	
Signature Registered	of J Agent	sidh	EGISTERED A	GENT MUST SIGN		··	Date	114/03	
this rei	nstatement ap by the corporat	officer or director or the reciplication, the reason for dision have been paid and the true and accurate, and my	solution has bee names of indivi	n eliminated, the co duals listed on this	orporate name satisfies form do not qualify for	the requirements an exemption un	of section 607.0401 or (	317.0401, F.S., that all fee	es

SIGNATURE: S

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



## DR. DAVE GOLINGER SPECIALIZING IN SPINAL CORRECTIVE CARE

October 8, 2003

Florida Department of State
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

Re: Spine Island, Inc.
DOCUMENT # P00000099847

To Whom It May Concern;

We are in receipt of your letter referencing the failure to file an annual report with the State of Florida; for the above-mentioned corporation. In reviewing our documents and files, we never received our notice to file an annual report and have always received that notice in the past. Additionally, we contacted the registered agent, Adam S. Goldberg, Esq., he also has not received any correspondence from the State of Florida on behalf of Spine Island Inc. We filed an annual report on February 22, 2001 and February 17, 2002. We would have filed our annual report for 2003, if we would have been notified that we needed to do so. Spine Island Inc is an active, growing corporation. We make every effort to be compliant, as a corporation, in the State of Florida.

We have enclosed a check in the amount of \$150.00 for our annual renewal. We would request a professional courtesy of waiving our reinstatement fee of \$600.00, based on the lack of notification and that Spine Island Inc has respectfully filed our annual report, in a timely fashion, in the past. Thank you, in advance, for your cooperation and assistance in this important matter.

Sincerely,

Dr. Dave Golinger

Enclosure:

President