PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 APR 28 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000108813

1. Corporation Name

ADVANCED ORTHOPAEDICS OF SOUTH FLORIDA, INC.

2. Principal Office Address		**3.** Mailing Office Address	
37 N. ORANGE AVE.		SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE 500			
City & State		City & State	
ORLANDO, FL			
Zip	Country	Zip	Country
32801	U.S.		

0203

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
593699517
☐ 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
PAINCARE HOLDINGS, INC. c/o RANDY LUBINSKY (CEO)

Street Address (P.O. Box Number is Not Acceptable)
37 N. ORANGE AVE.

000017123480
04/28/03--01018--007 **300.00

Suite, Apt. #, Etc.
SUITE 500

City	State	Zip Code
ORLANDO	FL	32801

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 _____ Date 4/24/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
DIRECTOR	RANDY LUBINSKY	37 N. ORANGE AVE., SUITE 500	ORLANDO, FL 32801
DIRECTOR	MARK SZPORKA	37 N. ORANGE AVE., SUITE 500	ORLANDO, FL 32801
DIRECTOR	MERRILL REUTER, M.D.	7625 LAKE WORTH RD.	LAKE WORTH, FL 33467

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 _____ 4/24/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #