

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 27 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000007276

1. Corporation Name

Boynton Sports & Injury Center, Inc.

2. Principal Office Address

1832 N. Federal Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

City & State

Same

Zip

33435

Country

USA

Zip

Same

Country

Same

4. Date Incorporated or Qualified
To Do Business in Florida

01/18/2001

5. FEI Number

65-1070188

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

Robert Kleinfeld

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

1832 N. Federal Hwy

Suite, Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33435

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

3/26/03

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
PRES	Robert Kleinfeld	1832 N Federal Hwy	Boynton Beach, FL 33435

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT KLEINFELD

3/26/03

Date

5618813003

Daytime Phone #

2012

**Boynton Sports & Injury Center
1832 N. Federal Hwy.
Boynton Beach, FL 33435
561-740-4545 . 561-740-4544 FAX**

March 25, 2003

Division of Corporations
Attention: Michelle Milligan
409 E. Gaines Street
Tallahassee, FL 32399

Dear Michelle:

Please find the enclosed Corporation Reinstatement Document for my company, Boynton Sports and Injury Center (FEIN#65-1070188). I am also enclosing my annual filing fee for 2003 of \$150.00.

I timely submitted the Annual Business Report to the Division of Corporations during 2002. However, apparently it was rejected do to an FEIN reporting error and I did not receive the notice of rejection or any other notification that informed me to resubmit the documents.

Please reinstate the company as soon as possible, as my medical billings are on freeze until then.

If there is any problem with my immediate reinstatement, please contact me at 561-881-3011.

Sincerely,



Dr. Robert Kleinfeld, D.C.