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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

05 MAR 25 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000067454

1. Corporation Name

TREASURE COAST SPINE INSTITUTE, INC.

2. Principal Office Address

3880 SE DIXIE HIGHWAY

Suite, Apt. #, etc.

City & State

STUART, FL

Zip

34997

Country

USA

3. Mailing Office Address

3880 SE DIXIE HIGHWAY

Suite, Apt. #, etc.

City & State

STUART, FL

Zip

34997

Country

USA

REINSTATEMENT 02-05

4. Date Incorporated or Qualified
To Do Business in Florida

8/10/01

5. FEI Number

65-1115031

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

DR. CYNTHIA J. VICKNAIR

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

6162 SE RIVERBOAT DRIVE

Suite, Apt. #, Etc.

City

STUART

State

FL

Zip Code

34997

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

REGISTERED AGENT MUST SIGN

Date 3/23/05

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
D	DR. SUSAN A. WINDLAND	3880 SE DIXIE HIGHWAY	STUART, FL 34997
D	DR. CYNTHIA J. VICKNAIR	6162 SE RIVERBOAT DRIVE	STUART, FL 34997

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:

CINDY S. VICKNAIR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/05

Date

772-215-1456

Daytime Phone #

CR2E081 (01/05)

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Treasure Coast Spine Institute, Inc.
3880 SE Dixie Highway
Stuart, FL 34997

March 23, 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Att: Reinstatement Department

Dear Sir or Madam:

Enclosed is a check in the amount of \$600.00 and a reinstatement form for Treasure Coast Spine Institute, Inc.

When we changed Accounting Firms we were notified that Treasure Coast Spine Institute, Inc. had been dissolved for non filing of the Corporate Annual Report. The dissolution was filed on October 4, 2002.

We never received the corporate annual report forms from the state. We noticed the address recorded on the last filing was not current which would explain why we never received the forms.

Please waive the reinstatement fee of \$600.00 and accept the enclosed \$600.00 as payment for the following years:

2002	\$150.00
2003	150.00
2004	150.00
2005	<u>150.00</u>
Total	\$600.00

Thank you for your assistance in this matter.

Sincerely,



Dr. Cynthia J. Vicknair

Enclosure