

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL -1 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000109970

1. Corporation Name

Mid Atlantic Bone and Tissue, Inc.

2. Principal Office Address

570 Ocean Drive

Suite, Apt. #, etc.

Suite # 302

City & State

Juno Beach FL

Zip

33408

Country

Palm Beach

3. Mailing Office Address

570 Ocean Drive

Suite, Apt. #, etc.

Suite # 302

City & State

Juno Beach FL

Zip

33408

Country

Palm Beach

REINSTATEMENT 02-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

11-15-2001

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Richard McCullough

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

570 Ocean Drive

Suite, Apt. #, Etc.

Suite #302

City

Juno Beach

State

FL

Zip Code

33408

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

Richard McCullough

REGISTERED AGENT MUST SIGN

Date June 23, 2003

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	Holly McCullough	570 Ocean Drive #302	Juno Beach, FL 33408

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:

Holly McCullough
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 23, 2003 412-372-7233

Date

Daytime Phone #

CR2E081 (10/02)

7/1