

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN -8 PM 3:46

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

700009944527

01/08/03--01020--012 **150.00

700009944527

01/08/03--01020--013 **8.75

DOCUMENT # PD1000112820

1. Corporation Name

Miami Orthopedic Resources Inc

2. Principal Office Address

12783 SW 209 LANE

Suite, Apt. #, etc.

City & State

Miami FL

Zip

Country

33177 USA

3. Mailing Office Address

12783 SW 209 LANE

Suite, Apt. #, etc.

City & State

Miami FL

Zip

Country

33177

USA

4. Date Incorporated or Qualified
To Do Business in Florida

NOV. 26 2001

5. FEI Number

PD1000112820

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

BOB Benitez

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

3529 SW 112 PLACE

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33165

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

Bob Benitez

REGISTERED AGENT MUST SIGN

Date 12/18/02

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
PST	SUAREZ, FABIANA B	12783 SW 209 LANE	Miami, FL 33177

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:

FABIANA SUAREZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12.18.2002

Date

(305) 969 4633

Daytime Phone #

CR2E081 (9/01)

MIAMI ORTHOPEDIC RESOURCES INC
12783 SW 209LN
MIAMI FL 33177
(305) 969-4633

DOCUMENT NUMBER: P01000112820

At: DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION

To Whom It May Concern: _____

As spoken over the phone previously with one of your attendants, Miami Orthopedic Resources Inc. did not received the 2002 Uniform Business Report.

Miami Orthopedic Resources Inc. was informed to send a check in the amount of \$150.00— (one hundred and fifty dollars) for business reinstatement.

I appreciate your time and understanding.

God bless you and have a good day.

Fabiana Suarez

