

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 MAR 18 PM 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000049762

**1. Corporation Name**

ORTHO-SERVICE GROUP OF MIAMI, INC.

**2. Principal Office Address**

8633 NW 35TH PLACE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33147

Country

**3. Mailing Office Address**

8633 NW 35TH PLACE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33147

Country

**4. Date Incorporated or Qualified**

To Do Business in Florida 05/06/2002

**5. FEI Number**

61-1413518

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

03-04

900030952899

03/23/04--01118--017 \*\*300.00

**7. Name and Address of Current Registered Agent**

Name

XIOMARA FERNANDEZ

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

8633 NW 35TH PLACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33147

**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

*Xiomara Fernandez*  
REGISTERED AGENT MUST SIGN

Date 03/10/2004

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| PD     | XIOMARA FERNANDEZ                    | 8633 NW 35TH PLACE                                | MIAMI, FL 33147    |
| VD     | HIMA MARRERO                         | 8633 NW 35TH PLACE                                | MIAMI, FL 33147    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

**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:

*Xiomara Fernandez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/10/2004

Date

(305) 322-8621

Daytime Phone #

CR2E081 (01/04)

Miami, FL, March 10, 2004

Florida Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
Attn: Ms. Katrina  
409 East Gaines Street  
Tallahassee, FL 32399

**Ref: ORTHO-SERVICE GROUP OF MIAMI, INC., Document No. P02000049762**

Dear Sirs,

This is to inform you that ORTHO-SERVICE GROUP OF MIAMI, INC. did not file its 2003 Annual Report because it changed its address to 8633 NW 35th Place, Miami, FL 33147 and, therefore, it did not receive the UBR Annual Report for 2003. Furthermore, since this company wants to remain active, we are sending Reinstatement Form for the company along with the payment of \$300 corresponding to the Annual Report fees for the years 2003 and 2004 for you to please reinstate this company.

Should you have further questions, please contact us at 305-322-8621. We apologize for any inconvenience this may have caused. Thank you very much for your cooperation.

Cordially,



XIOMARA FERNANDEZ  
President