

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 OCT -5 AM 9:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P02000115508**

**1. Corporation Name**

Professional Orthopedic Center Inc

10329 NW 27 Avenue

10329 NW 27 Avenue

**2. Principal Office Address**

10329 NW 27 Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33147

Country

USA

**3. Mailing Office Address**

10329 NW 27 Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33147

Country

USA

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

10/28/2002

**5. FEI Number**

06-1656044

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 03-04**

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

Name

Marisol Cepero-Sosa

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

10329 NW 27 Avenue

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

*[Handwritten Signature]*

Date 10/04/2004

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
P	Cepero-Sosa, Marisol	10329 NW 27 Avenue	Miami, FL 33147

100041616901  
10/09/04--01096--009 \*\*300.00

**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:**

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/04/2004

Date

305-696-3250

Daytime Phone #

CR2E081 (01/04)

October 4, 2004

2042  
FILED

04 OCT -5 AM 9:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Re: P02000115508

Attn: Renewal Dept:

Gentlemen:

In reference to the above mentioned corporation, please be advised that we never received the renewal notice.

We contacted your renewal department and they advised us to write a letter and specify what happened and to submit the original annual fee and you would renew the corporation.

Your cooperation in this matter is anticipated and appreciated.

Thank you,  
Professional Orthopedic Center, Inc

x 

Marisol Cepero-Sosa  
President