

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000126838

1. Corporation Name

SPINE ALIGN INC.

Principal Place of Business

Mailing Address

195 SOUTH WESTMONTE DRIVE  
J  
ALTAMONTE SPRINGS FL 32714  
US

195 SOUTH WESTMONTE DRIVE  
J  
ALTAMONTE SPRINGS FL 32714  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/25/2002

5. FEI Number

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
Director	William P Webb II	195 South Westmonte Drive, Ste J	Altamonte Spgs, FL 32714

REINSTATEMENT

400024949674  
11/24/03 01020 015 \*\*236.25

400024949674  
03/05/04--01069--003 \*\*513.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

WEBB, WILLIAM P II  
195 SOUTH WESTMONTE DRIVE  
J  
ALTAMONTE SPRINGS FL 32714

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

Date

REGISTERED AGENT MUST SIGN

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

04 MAR 16 PM 6:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



400024949674  
03/16/04--01004--002 \*\*150.00

03-04

CR2E040 (7/03)