


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000106588 1. Entity Name RELIABLE ORTHOPAEDIC CONSULTANTS, INC.						FILED 07 APR 23 AM 11: 57 DEPT. OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 860 NE 23RD TERR POMPANO BEACH, FL 33062				Mailing Address 860 NE 23RD TERR POMPANO BEACH, FL 33062			
2. Principal Place of Business - No P.O. Box # 1501 S.E. 24TH TERR Suite, Apt. #, etc.				3. Mailing Address 1501 S.E. 24TH TERR Suite, Apt. #, etc.			
City & State POMPANO BEACH				City & State POMPANO BEACH			
Zip 33062		Country		Zip 33062		Country	
4. FEI Number 65-1205975				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BOERI, PIETRO 860 NE 23RD TERR POMPANO BEACH, FL 33062				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1501 S.E. 24TH TERR City POMPANO BEACH FL Zip Code 33062			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <i>Pietro Boeri</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				PIETRO BOERI <small>(NOTE: Registered Agent signature required when reinstating)</small>		4/17/07 <small>DATE</small>	
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOERI, PIETRO 860 NE 23RD TERR POMPANO BEACH, FL 33062 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	D, P, T, J <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1501 S.E. 24TH TERR POMPANO BEACH FL 33062		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	8/4/02 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800101390148 05/03/07--01029--012 **300.00		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>X Pietro Boeri</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				PIETRO BOERI		4/17/07 <small>Date</small>	
				954-600-0969 <small>Daytime Phone #</small>			