

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 NOV 16 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000123403

1. Corporation Name

K.D. SPINAL, INC.

REINSTATEMENT

CR2E081 (12/05)

2. Principal Office Address
507 Via Genova

Suite, Apt. #, etc.

City & State
Deerfield, FL

Zip
33442

Country

3. Mailing Office Address
507 Via Genova

Suite, Apt. #, etc.

City & State
Deerfield, FL

Zip
33442

Country

4. Date Incorporated or Qualified
To Do Business in Florida 08/26/2004

5. FEI Number
412150313

☐ 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
KARI DABB

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

Suite, Apt. #, Etc.

City
Deerfield Beach

State
FL

Zip Code
33442

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

REGISTERED AGENT MUST SIGN

Date 11-12-06

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
D/P	Kari Dabb	507 Via Genova	Deerfield, FL 33442

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 contained in Chapter 119, 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

11/09/2006 954-609-4509

Date

Daytime Phone #

I moved around the time
we were to receive the
Reinstatement Bill, therefore
my payment is being sent
to you with correct address
on it. Thank You Very Much.

Kari

2006 Annual Report
Second Notice Returned

jc 11/17