

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 NOV -3 PM 3:55

SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

700137570867  
11/03/08--01050--003 \*\*150.00

DOCUMENT # P05000092407

1. Corporation Name

ORTOPEDICOS FUTURO CORPORATION

2. Principal Office Address - No P.O. Box #

8504 NW 66 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33166

Country

US

3. Mailing Office Address

8504 NW 66 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33166

Country

US

**REINSTATEMENT** 08

CR2E081 (10/08)

4. Date Incorporated or Qualified  
To Do Business In Florida 06/28/2005

5. FEI Number  
20-5499266

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

JOSE ALVARO PONGUTA GARZON

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

8504 NW 66 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33166

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

X

REGISTERED AGENT MUST SIGN

Date X 10-31-08

**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
PD	JOSE ALVARO PONGUTA GARZON	3825 ESTEFONA AVENUE	MIAMI, FL 33178
VD	BLANCA LILIA FERNANDEZ RENCON	3825 ESTEFONA AVENUE	MIAMI, FL 33178
S	MARTHA ESCOBAR	3825 ESTEFONA AVENUE	MIAMI, FL 33178

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: X Martha Escobar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

X 10-31/08

Daytime Phone #