

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 NOV 10 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P09000058504

1. Corporation Name

North Miami Foot and
Ankle Center, Inc.

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

12605 NE 7th Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

12605 NE 7th Ave.

Suite, Apt. #, etc.

City & State

North Miami, FL

City & State

North Miami, FL

Zip

33161

Country

USA

Zip

33161

Country

USA

7. Name and Address of Current Registered Agent

Name

Clifford O'Connor

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

12605 NE 7th Avenue

Suite, Apt. #, Etc.

City

North Miami

State

FL

Zip Code

33161

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

11/3/11

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
President	Clifford O'Connor	12605 N.E. 7 th Avenue Miami, FL 33161	Miami, FL 33161

REINSTATEMENT 11 B2. 11/14/11

10. E-mail Address: dconnorcliff@aol.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 617.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/03/11 (305) 893-9883

Daytime Phone #