PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2016 SEP -8 PM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

DOCUMENT # P93000073077

1. Corporation Name
Broward Steering Column Specialists, Inc.
W16-48617

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5205 NE 12TH Avenue	5205 NE 12TH Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Lauderdale, FL	City & State: Fort Lauderdale, FL
Zip: 33334 Country: Broward	Zip: 33334 Country: Broward

4. Date Incorporated or Qualified To Do Business in Florida: 10/21/1993

5. FEI Number: 65-0443752 ☐ 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: Ernesto Martinez
Street Address (P.O. Box Number is Not Acceptable): 5205 NE 12TH Avenue
Suite, Apt. #, Etc.:
City: Fort Lauderdale, FL State: FL Zip Code: 33334

300287822713
09/08/16--01021--001 **200.00

300287822713
07/12/16--01016--009 **850.00

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: Ernesto Martinez Date: 7/4/16
REGISTERED AGENT MUST SIGN

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
P	Ernesto Martinez	5205 NE 12TH Avenue	Fort Lauderdale, FL 33334

REINSTATEMENT
SEP 08 2016
R. HUNT

10. E-mail Address: None, send card.
(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.817.155, F.S.

SIGNATURE: Ernesto Martinez 7/4/16
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #