PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Katherine Harris **FOR** FILED DIVISION OF CORPORATIONS Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS P94000051575 99 OCT 19 AM 11: 26 **DOCUMENT#** 1. Corporation Name JUPITER SPINAL HEALTH CENTER, P.A. Principal Place of Business Mailing Address 103 S US HWY ONE 103 S US HWY ONE SUITE B4 SUITE B4 JUPITER FL 33477 JUPITER FL 33477 REINSTAICHIENT If above addresses are incorrect in any way, line through incorrect information and enter correction below 2 New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified
To Do Business in Florida 07/08/1994 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 65-0504765 City & State City & State Not Applicable 6. \$8.75. Additional Fee require for a Certificate of Status Zip Country Zip Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip Title(s) D HIRSCH, JULIAN E % 103 US HWY ONE SUITE B-4 JUPITER FL 33477 200003031242--3 ****750.00 ****750.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name HIRSCH, JULIAN E. Street Address (P.O. Box Number is Not Acceptable) 103 S US HWY ONE SUITE B-4 Suite, Apt. #, Etc. JUPITER FL 33477 City Zip Code 10. I, being appointed the registered agent of the above name m familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT WEST SIGN 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., 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 under section 119.07(3)(i), 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: