

CHECK ATTACHED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JAN -6 AM 10:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 994000076182

1. Corporation Name

BACKBONE MEDICAL CORPORATION

Principal Place of Business

~~702 13th Street, #108~~
~~MIAMI BEACH, FL 33139~~

Mailing Address

~~702 13th Street, #108~~
~~MIAMI BEACH, FL 33139~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

702 13th Street
#108
MIAMI BEACH FL
33139 USA

3. New Mailing Address, If Applicable

702 13th Street
#108
MIAMI BEACH FL
33139 USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

10/17/94

5. FEI Number

65-0529811

6. CERTIFICATE OF STATUS DESIRED ☒ Yes

96
Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
<u>SPD</u>	<u>Mendel L. Mashburn</u>	<u>702 13th Street</u> <u>#108</u> <u>MIAMI BEACH FL 33139</u>	<u>MIAMI BEACH, FL, 33139</u>
	<u>P/D/T M. Laine Mashburn</u>	<u>702 13th Street</u> <u>#108</u> <u>MIAMI BEACH FL 33139</u>	<u>MIAMI BEACH, FL 33139</u>

100002050031--9
-01/08/97--01029--012
***383.75 ***383.75

8. Name and Address of Current Registered Agent

Gary Silberman, Esq.
1750 NE 18th St, Suite 1530
NORTH MIAMI BEACH, FL 33162

9. Name and Address of New Registered Agent

M. Laine Mashburn
702 13th St
#108
MIAMI BEACH FL 33139

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

M. Laine Mashburn

REGISTERED AGENT MUST SIGN

Date

12/30/96
M. Laine Mashburn

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I re-
lease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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:

M. Laine Mashburn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/96

Date

1-800-444-0624

Daytime Phone