

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 994000076182
1. Corporation Name
BACKBONE MEDICAL CORPORATION

Principal Place of Business 702 13th Street #108 Miami Beach, Florida 33139
Mailing Address 702 13th Street #108 Miami Beach, Florida 33139

REINSTATEMENT AD
96

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

DO NOT WRITE IN THIS SPACE
4. Date Incorporated or Qualified To Do Business in Florida
10/17/94
5. FEI Number
65-0529811
6. CERTIFICATE OF STATUS DESIRED **\$75 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)

1	2	3	4
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
<u>S/D</u>	<u>Mendel L. Mashburn</u>	<u>702 13th Street #108 Miami Beach FL 33139</u>	<u>MIAMI BEACH, FL, 33139</u>
<u>P/D/T</u>	<u>M. Laine Mashburn</u>	<u>702 13th Street #108</u>	<u>MIAMI BEACH, FL 33139</u>

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-01/08/97--01029--012
***388.75 ***388.75

8. Name and Address of Current Registered Agent
Gary Silberman, Esq.
1750 NE 107th St, Suite 1530
North Miami Beach, FL 33162

9. Name and Address of New Registered Agent
Name M. Laine Mashburn
Street Address (P.O. Box Number is Not Acceptable) 702 13th St
Suite, Apt. F, Etc. 108
City MIAMI BEACH State FL Zip Code 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

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 release 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
Date 12/30/96 Daytime Phone # 1-800-444-0624