

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAR -5 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000055696

1. Corporation Name *Alternative Spine Center, PA*

2. Principal Office Address

580 Riverside Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

522 Bahama Dr

Suite, Apt. #, etc.

City & State

Indianalantic FL

Zip Country

32903 Brevard

City & State

Indian Harbour Bch.

Zip Country

32937 Brevard

REINSTATEMENT 98-01

4. Date Incorporated or Qualified
To Do Business in Florida

7-17-95 SP

5. FEI Number

59-3330718

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

DONALD H. Vliegenthart MD

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

522 Bahama Drive

Suite, Apt. #, Etc.

City

Indian Harbour Beach

State

FL

Zip Code

32937

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

[Signature]

REGISTERED AGENT MUST SIGN

Date *02/02/2001*

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
D-P	<i>Donald H. Vliegenthart</i>	<i>522 Bahama Drive</i>	<i>Indian Harbour Beach FLORIDA 32937</i>
D-S-T	<i>Regina M. FERRO</i>	<i>522 Bahama Drive</i>	<i>Indian Harbour Beach FLORIDA 32937</i>

10. 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD H. Vliegenthart, PR33

2-2-01 (321)258-6377

Date

Daytime Phone #

CR2E081 (9/00)