

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 AUG 24 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000005772

1. Corporation Name

CARIBBEAN ORTHOPAEDIC ASSOCIATES, INC.

2. Principal Office Address

1190 NW 95 ST

Suite, Apt. #, etc.

SUITE 404

City & State

MIAMI FL 33150

Zip

33150

Country

3. Mailing Office Address

1190 NW 95 ST

Suite, Apt. #, etc.

SUITE 404

City & State

MIAMI FL 33150

Zip

33150

Country

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/17/1996

5. FEI Number

65-0633840

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

HENRYS, PAUL

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

1190 NW 95 ST

Suite, Apt. #, Etc.

SUITE 404

City

MIAMI

State

FL

Zip Code

33150

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

Paul Henrys

REGISTERED AGENT MUST SIGN

Date *8-20-01*

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
DP	HENRYS, PAUL	1190 NW 95 ST, STE 404	MIAMI FL 33150

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:

X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL HENRYS

Date

8-20-01

Daytime Phone #