

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

APPLICATION
 FOR
 REINSTATEMENT

FILED

01 MAY 14 PM 4:44

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P96000016012**

1. Corporation Name

ALVAREZ ORTHOPEDICS CORPORATION

Principal Place of Business

Mailing Address

1003 SW 8TH STREET
 MIAMI FL 33130
 US

1003 SW 8TH STREET
 MIAMI FL 33130
 US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

02/15/1996

5. FEI Number

65-0647482

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	ALVAREZ, PAULA	1003 SW 8TH STREET	MIAMI FL 33130
PD	DOMINGUEZ FRANK	1003 SW 8 ST	MIAMI FL 33130
			400004416834--8 -06/13/01-01010-009 ***758.75 ***758.75
			REINSTATEMENT 00-01

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~ALVAREZ, PAULA~~
~~1003 SW 8TH STREET~~
~~MIAMI FL 33130~~

DOMINGUEZ FRANK
 1003 SW 8 ST
 MIAMI FL 33130

Name ~~DOMINGUEZ FRANK~~
 Street Address (P.O. Box Number is Not Acceptable)
 1003 SW 8 ST
 Suite, Apt. #, Etc.
 MIAMI FL 33130
 City State Zip Code
 FL

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

FRANK DOMINGUEZ
 REGISTERED AGENT MUST SIGN

Date 05-10-01

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

FRANK DOMINGUEZ
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-10-01 (305) 285-3288
 Date Daytime Phone #

CR2E040 (8/00)



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

May 4, 2001

ALVAREZ ORTHOPEDICS CORPORATION
1003 SW 8TH STREET
MIAMI, FL 33130 US

SUBJECT: ALVAREZ ORTHOPEDICS CORPORATION
Ref. Number: P96000016012

CK 1019 758.75
0099 141.25
900.00

We have received your document for ALVAREZ ORTHOPEDICS CORPORATION and check(s) totaling \$758.75. However, your check(s) and document are being returned for the following:

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2000 corporate annual report/uniform business report form. To reinstate, the corporation must submit a completed reinstatement application/annual report/uniform business report and the appropriate fees.

The fees to reinstate the corporation are as follows: \$600.00 reinstatement fee, \$61.25 filing fee per year for the years 2000 through the current year, \$88.75 corporate supplemental fee for 1992 and every year thereafter.

Therefore, the total amount due to reinstate the corporation is \$900.00. Add an additional \$8.75 for each certificate of status requested.

The total amount due includes the 2001 Annual Report/Uniform Business Report and Supplemental Fee.

Pursuant to section 607.1422(1)(b), 617.1422(1)(b), or 608.4482, Florida Statutes, your designated registered agent must acknowledge the designation by signing in the appropriate block of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Stacy Prather
Document Specialist

Letter Number: 001A00026476