1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 00/01 W650

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 30 PM 3:51

DOCUMENT # P96000068188

1. Corporation Name
BOCA BACK & NECK CENTER, INC.

2. Principal Office Address	**3.** Mailing Office Address
499 N.E. Spanish River Blvd.	499 N.E. Spanish River Boulevard
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33431 Country: USA	Zip: 33431 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 08/15/1996

5. FEI Number: 65-0687332 ☐ 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: Alan Brustein, D.C.

800004216948--4
-05/15/01--01057--011
****300.00 ****300.00

Street Address (P.O. Box Number is Not Acceptable): 499 N.E. Spanish River Boulevard

Suite, Apt. #, Etc.:

City: Boca Raton | State: FL | Zip Code: 33431

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: Alan A Brustein, D.C. (Pres.) Date: 4-25-01

Alan Brustein, D.C. REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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
P/T/ S/D	Alan Brustein, D.C.	499 N.E. Spanish River Blvd.	Boca Raton, FL 33431

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: Alan A Brustein, D.C., Pres 4/25/01 561-338-5111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Alan Brustein, D.C., President

Boca Back & Neck Center

2052

April 26, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Corporation Reinstatement

Dear Sir/Madam:

As per the conversation I had with your office on April 12, 2001, enclosed is my check #2229, in the amount of $300.00 to reinstate the corporation and bring the fees current.

To reiterate, the practice moved last year; and we did not get your renewal notice. Again, I wish to thank your office for adjusting the late charges from the $900.00 to the $300.00.

Thank you for your understanding and cooperation in this matter.

Sincerely yours,

Alan A. Brustein, D.C.

Alan A. Brustein, D.C.,
President

499 N.E. Spanish River Boulevard • Boca Raton, Florida 33431 • Phone (561) 338-5111 • Fax (561) 338-0580