

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -8 AM 9:50

DOCUMENT #

9970000 79750

1. Corporation Name

Spine & Sports Institute International, Inc

2. Principal Office Address

1905 CLINT MOORE RD.

3. Mailing Office Address

1905 CLINT MOORE RD

Suite, Apt. #, etc.

309

Suite, Apt. #, etc.

309

City & State

BOCA RATON, FL.

City & State

BOCA RATON, FL.

Zip

33496

Country

USA

Zip

33496

Country

USA

**REINSTATEMENT 99-00**

4. Date Incorporated or Qualified  
To Do Business in Florida

9.15.97

5. FEI Number

65-0781410

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

CHARLES E. WILLIAMSON, M.D.

500003265465 --- 4

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

1905 CLINT MOORE RD.

-05/24/00--01075--019

\*\*\*\*900.00 \*\*\*\*900.00

Suite, Apt. #, Etc.

309

City

BOCA RATON

State

FL

Zip Code

33496

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

*C. Williamson M.D.*

Date 5.1.00

REGISTERED AGENT MUST SIGN

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
PRES.	CHARLES E. WILLIAMSON, M.D.	1905 CLINT MOORE RD SE 309	BOCA RATON, FL. 33496
PRES.	CANDIDA G. WILLIAMSON, M.D.	" "	" "
SECT.	CHARLES E. WILLIAMSON, M.D.	" "	" "
TREAS.	CHARLES E. WILLIAMSON, M.D.	" "	" "

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.

CHARLES E. WILLIAMSON, M.D.

SIGNATURE:

*C. Williamson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.1.00

Date

561-988-8577

Daytime Phone #

CR2E081 (9/99)