PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Katherine Harris **FOR** Secretary of State FILED REINSTATEMENT DIVISION OF CORPORATIONS **DOCUMENT #** 99 NOV 23 PM 3: 07 1. Corporation Name AMEDICA CHILDREN'S CENTER, INC. Mailing Address Principal Place of Business 637 EAST 49 STREET HIALEAH, FLORIDA 33013 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 Date Incorporated or Qualified
 To Do Business in Florida 2/16/98 Suite, Apt. #, etc. Suite, Apt. #, etc. 5 FEI Number Applied For City & State City & State Not Applicable 65-0815664 210 Country Country CERTIFICATE OF STATUS DESIRED 7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director
(Do NOT Use Post Office Box Numbers) City / State / Zip PVST CARMEN A MOLINA 637 EAST 49 STREET HIALEAH, FLORIDA 33013 300003068863--1 12/14/99--01020--016 ****750.00 ****750.00 HEINSTATEMENT 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent CARMEN A MOLINA
Street Address (P.O. Box Number is Not Acceptable)
637 EAST 49 STREET Suite, Apt. #, Etc. State Zip Code 33013 HIALEAH 10 1, being appointed the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Hegistered Agent Date 11/17/99 REGISTERED AGENT MUST SIGN 11. This corporation owes the current year (See other side for information on intangible tax.) Yes KX No 🗆 Intangible Personal Property Tax due June 30. 12 Learlity that I am an officer or director or the receiver of trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for discipling 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 tife 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 ray signature shall have the same legal effect as if made under oath. SIGNATURE AND TYPED OR PRIN CARMEN A MOLINA PRESIDENT 11/17/99 SIGNATURE:

(305)681-7770