

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY 19 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000024566

1. Corporation Name

SOUTH FLORIDA ORTHOPAEDIC & KNEE INSTITUTE, P.A.

2. Principal Office Address

1321 NW 14 STREET

Suite, Apt. #, etc.

SUITE 511

City & State

MIAMI, FL

Zip

33125

Country

USA

3. Mailing Office Address

1321 NW 14 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33125

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida 03-16-98**

5. FEI Number
65-0820457

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

ROWLAND PRITCHARD MD

Street Address (P.O. Box Number is Not Acceptable)
1321 NW 14 STREET

Suite, Apt. #, Etc.

SUITE 511

City

MIAMI

State

FL

Zip Code

33125

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

Date

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 |
|--------|--------------------------------------|---------------------------------------------------|--------------------|
| P | ROWLAND PRITCHARD, MD | 1321 NW 14 STREET #511 | MIAMI, FL 33125 |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/7/04 (305) 324-7913

CR2E081 (07/04)