

APPLICATION
FOR
REINSTATEMENT

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



DOCUMENT # P98000028801

1. Corporation Name

FLORIDA ORTHOPAEDIC AND SPINE INSTITUTE, INC.

Principal Place of Business

8249 DEVEREUX DRIVE
MELBOURNE FL 32940

Mailing Address

8249 DEVEREUX DRIVE
MELBOURNE FL 32940

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

205 E. NASA Blvd.

Suite, Apt. #, etc.
2nd Fl.

City & State

Zip 32901

Country

3. New Mailing Office Address, If Applicable

205 E. NASA Blvd.

Suite, Apt. #, etc.
2nd Fl.

City & State

Zip 32901

Country

4. Date Incorporated or Qualified To Do Business in Florida

03/27/1998

5. FEI Number 59-3573259

APPLIED FOR

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)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|----------|-----------------------------------|------------------------------------------------|-----------------------------|
| D | HYNES, RICHARD | 8249 DEVEREUX DR. 205 E. NASA Blvd, 2nd Fl | MELBOURNE FL 32940 32901 |
| D | O'BRIEN, JEFFERY | 8249 DEVEREUX DR. 205 E. NASA Blvd, 2nd Fl | MELBOURNE FL 32940 32901 |
| D | BUNKER, STEVE | 8249 DEVEREUX DR. | MELBOURNE FL 32940 |
| D | WARDEN, WILLIAM | 8249 DEVEREUX DR. | MELBOURNE FL 32940 |
| D | Hynes, Diane | 205 E. NASA Blvd, 2nd Fl | Melbourne, FL 32901 |

8. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 NORTH ORANGE AVENUE
SUITE 1100
ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
500003523905--7
Suite, Apt. #, Etc.
-01/04/01--01102--004
City
State FL Zip Code

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 *[Signature]* REGISTERED AGENT MUST SIGN Date 10-30-2000

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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Richard A. Hynes, M.D.

Date December 20, 2000 Daytime Phone # 321-723-7716

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 27 PM 1:27

REINSTATEMENT

CR2E040 (8/00)