

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT



FILED

02 OCT 25 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000046865

1. Corporation Name

BONE INC. OF SOUTH FLORIDA

Principal Place of Business

Mailing Address

1409 ADAMS ST
HOLLYWOOD FL 33020

1409 ADAMS STREET
HOLLYWOOD FL 33020



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

4. Date Incorporated or Qualified
To Do Business in Florida

05/26/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0863899

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ALBERTELLI, MARK	1409 ADAMS STREET	HOLLYWOOD FL 33020

700008591197
10/25/02--01045--012 **158.75

10/25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALBERTELLI, MARK
1409 ADAMS STREET
HOLLYWOOD FL 33020

Name

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

Suite, Apt. #, Etc.

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-22-02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (8/02)

10-22-2

TO - State of Florida
Department of State

FROM - Bone INC of South Florida
1409 Adams St
Hollywood, FL 33020

FBI number 65-0863899

RE: Reinstate corporation

Dear Sir: I have completed the form
and enclosed a check for 158.75 made
out to Department of State.

We did not receive the prior
uniform business report notices at our
office at 1409 Adams St., Hollywood FL
33020.

This is the first notice that
I received in the mail.

I have completed the form and
enclosed a check for \$ 158.75

I appreciate your assistance in
resolving this matter.

Sincerely,

Mark Albertelli
President
Bone INC of S.F.

