

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 NOV 15 AM 10:14

DOCUMENT # **P98000074145**

1. Corporation Name

**BONE FRAGILITY CENTER, INC.**

Principal Place of Business

Mailing Address

2140 W. 68 STREET  
 SUITE 406A  
 HIALEAH FL 33016

2140 W. 68 STREET  
 SUITE 406A  
 HIALEAH FL 33016



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

08/25/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0859873

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	CANIZARES, MARIA	<del>1556 SW 64 AVENUE</del> 7000 CROWN GATE DRIVE	<del>MIAMI FL 33144</del> MIAMI LAKES, FL 33014
V	FERNANDEZ, MAGDALENA	2140 W 68 ST STE 406	HIALEAH FL 33016

000004703310-5  
 -12/04/01--01008--026  
 \*\*\*\*\*158.75 \*\*\*\*\*158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CANIZARES, MARIA  
 1556 SE 64 AVENUE  
 MIAMI FL 33144

Name

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

7000 CROWN GATE DRIVE

Suite, Apt. #, Etc.

MIAMI LAKES

State  
**FL**

Zip Code  
**33014**

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

*Paul Louis Campy*  
 REGISTERED AGENT MUST SIGN

Date *11-11-01*

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: *Paul Louis Campy* MARIA CANIZARES *11-11-01* (305) 3625084  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (801)

**BONE FRAGILITY CENTER, INC.**  
**2140 W 68 STREET, SUITE 406A**  
**HIALEAH, FL 33016**

November 9, 2001

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: Reinstatement of Corporation**  
**Document Number – P98000074145**

Dear Sir/Madam,

Enclosed please find our corporation reinstatement form accompanied by a check for \$158.75, which constitutes \$150 for each year for 2001 and \$8.75 for a desired certificate of status.

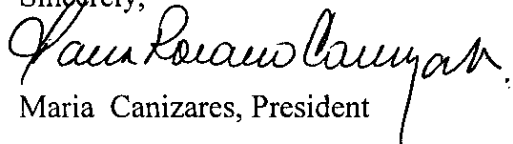
Please be advised that we never received the 2001 annual corporate return and consequently never filed for 2001. Quite often our correspondence is not arriving at our office and we believe that it is due to that we are a small office sharing rent within a big office space. We attempting to remedy the situation.

Please accept this filing and payment due to the aforementioned explanation and abate the penalty fee for reinstatement.

Our CPA has also informed us and we hereby acknowledge that we are now responsible for filing the annual corporation report to the State of Florida each year regardless if we receive the form or not and should you extend consideration to abate this reinstatement penalty it would be for this time only.

We thank you in advance for any consideration you may extend and cooperation.

Sincerely,

  
Maria Canizares, President