

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 23 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000074145

1. Corporation Name

BONE FRAGILITY CENTER, Inc

300009633159
12/23/02--01042--003 **158.75

2002 YBR

2. Principal Office Address

2140 W 68 Street

Suite, Apt. #, etc.

406 A

City & State

HIACLEAH, FL

Zip

33016

Country

USA

3. Mailing Office Address

2140 W 68 Street

Suite, Apt. #, etc.

406 A

City & State

HIACLEAH, FL

Zip

33016

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/25/98

5. FEI Number

05-0859873

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

MARIA CANIZARES

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

2140 W. 68 street

Suite, Apt. #, Etc.

406 A

City

HIACLEAH

State
FL

Zip Code

33016

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

12/20/02

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
Pld	CANIZARES, MARIA	2140 W 68 ST #406A	HIACLEAH, FL 33016
V	FERNANDEZ, MAGDALENA	2140 W 68 ST, #406A	HIACLEAH, FL 33016

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

MARIA CANIZARES

Date

12/20/02

Daytime Phone #

305 362-4979

CR2E081 (9/01)

B

BONE FRAGILITY CENTER, INC.
2140 W 68 STREET, SUITE 406A
HIALEAH, FL 33016
(305-362-4979)

December 19, 2002

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 the UBR and \$8.75 for a desired certificate of status.

Please be advised that we never received the 2002 UBR and consequently never filed. Only through the inquiries of our CPA while attempting to acquire financing for our corporation and through researching our status did we find out we were inactive.

Please accept this filing and payment due to the aforementioned explanation and abate the penalty fee for reinstatement. Please take into consideration that we are a small company and the penalty fee is quite large. Please also consider that we did not intentionally disregard our responsibility or act negligent in our conduct. We share office space with another entity and quite often our correspondence is misplaced.

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
Maria Canizares, President