

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JAN 24 PM 12: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P98000074251

1. Corporation Name

ORTHOPEDIC HEALTH CENTER, INC.

2. Principal Office Address

2601 SW 37 Ave Ste. 607

Suite, Apt. #, etc.

Suite 607

City & State

Miami FL

Zip

33133

Country

Dade

3. Mailing Office Address

2601 sw 37 Ave Ste 607

Suite, Apt. #, etc.

Suite 607

City & State

Miami FL

Zip

33133

Country

Dade

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

SP

5. FEI Number

Applied For

Not Applicable

65-0860435

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Dennis B Zaslow D.O.

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

2601 SW 37 Ave

Suite, Apt. #, Etc.

Suite 607

City

Miami

100003118751-0

02/01/00-01086-015

****900.00 ****900.00

State

FL

Zip Code*

33133

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

Dennis B Zaslow D.O.

REGISTERED AGENT MUST SIGN

Date 1/20/00

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

PD

Dennis B Zaslow D.O.

2601 SW 37 Ave Ste 607

Miami FL 33133

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

1/20/00

Daytime Phone #