PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1 of 2

CORPORATION
~~REINSTATEMENT~~

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

6000-01 UBR

FILED
01 JAN 24 AM 9:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000011794

1. Corporation Name
MIAMI SHORES SPINE & REHABILITATION CENTER INC

2. Principal Office Address	3. Mailing Office Address
9702 N.E 2ND AVE	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Shores, FL	City & State
Zip: 33138 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 2/5/99

5. FEI Number 65-0893265 ☐ 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: DR DANIEL DI CRISTOFARO

600003631966--7
-02/05/01--01008--002
****300.00 ****300.00

Street Address (P.O. Box Number is Not Acceptable): 9702 N.E 2ND AVE

Suite, Apt. #, Etc.:

City: Miami Shores, FL 33138 State: FL Zip Code: 33138

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 _____ Date 01/17/01
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
PRES D	DR. DANIEL DI CRISTOFARO	9702 N.E 2ND AVE	MIAMI SHORES, FL 33138
V. PRES D	DR PHILIP APPLETON	9702 N.E 2ND AVE	MIAMI SHORES, FL 33138
			KE

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: _____ DR. DANIEL DI CRISTOFARO 01/17/01 9545252452.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FORT LAUDERDALE SPINE AND REHABILITATION CENTER

1012 N.W. 10TH AVENUE • FORT LAUDERDALE, FL 33311
(954) 525-2452 • FAX: (954) 525-1326

01/17/01

DEPARTMENT OF STATE
DIVISIONS OF CORPORATIONS
P.O BOX 6327
TALLAHASSEE, FL 32314

ATTENTION: ISELLERS

RE: NIMMI STONES SPINE & REHABILITATION CENTER, INC.

AS PER OUR RECENT PHONE CONVERSATION, YOU INFORMED ME THAT THIS CORPORATION WAS NOT IN EFFECTIVE AS THE FILING FEES DATE HAD EXPIRED. I WAS UNAWARE OF THIS ~~WAS~~ I HAD PAID FOR ALL MY OTHER CORPORATIONS ~~WAS~~ I GET THE RENEWAL APPLICATION FROM YOUR OFFICE. SINCE I INCORPORATED IN 1999 AND IT WAS MY FIRST RENEWAL PERIOD (2000) I MAY NOT HAVE RECEIVED THE RENEWAL FORM.

I HAVE ENCLOSED A CHECK FOR $80.00 FOR THE YEAR 2000 & 2001 FEES.

IF YOU HAVE ANY QUESTIONS PLEASE CALL

THANK YOU

DR. DAVID P. CRISTOFANO
(954) 525-2452