

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

CORPORATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Division of Corporations
6000-01 UBR

FILED

01 JAN 24 AM 9:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

POP1000001794

1. Corporation Name

MIAMI SHORES SPINE & REHABILITATION CENTER, INC.

2. Principal Office Address

9702 N.E 2ND AVE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

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

2/15/99

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

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

[Signature]

Date 01/17/01

REGISTERED AGENT MUST SIGN

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	DR. DANIEL DI CRISTOFARO	9702 N.E 2 ND AVE	MIAMI SHORES, FL 33138
V. PRES	DR PHILIP APPERTON	9702 N.E 2 ND 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:

[Signature]

DR. DANIEL DI CRISTOFARO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/01

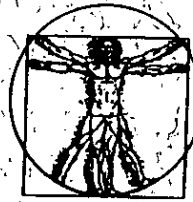
Date

9545252452

Daytime Phone #

CR2E081 (9/00)

**FORT LAUDERDALE SPINE
AND
REHABILITATION
CENTER**



2 of 2

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: ISABELLERS

RE: Miami Spine & Rehabilitation Center, Inc.

AS PER OUR RECENT PHONE CONVERSATION, YOU INFORMED ME THAT THIS CORPORATION WAS NOT IN EFFECTIVE AS THE FILING FEE 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 \$300.00 FOR THE YEAR 2000 & 2001 FEE.

IF YOU HAVE ANY QUESTIONS PLEASE CALL

Thank you.

Dr. Daniel P. Cristofore
(954) 525-2452