

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 SEP -2 PM 12: 31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V73283

1. Corporation Name

Florida Pain Treatment Center, Inc.

2. Principal Office Address

8396 S.W. 8 street

Suite, Apt. #, etc.

Second Floor

City & State

Miami, FL

Zip

33144

Country

U.S.A.

3. Mailing Office Address

8396 S.W. 8 street

Suite, Apt. #, etc.

Second Floor

City & State

Miami, FL

Zip

33144

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3301294

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

Carl Colbert

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

3001 Ponce de Leon Blvd

Suite, Apt. #, Etc.

ste 211

City

Coral Gables

03-30-04 01021 025 \$150.00

~~805 1500 1000 0000~~
~~805 1500 1000 0000~~
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900059266898

05/22/05 01015-001 **00.00

FL 33134

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

Carl Colbert

Date 8/22/05

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
D	Ruben Gonzalez, MD	6195 SW 97 Ave	Miami, FL 33173
CO	Sally Gonzalez	6195 SW 97 Ave	Miami, FL 33173

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:

Sally Gonzalez

8/22/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)



COLBERT • BOUE • AND • JUNCADELLA, P.A.

Certified Public Accountants

CBAT
copy

August 3, 2005

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

RE: Florida Pain Treatment Center, Inc.
EIN 59-3301294
Doc # V73283
Corporate Reinstatement

Dear Representative:

This letter is regarding the above named taxpayer's corporate reinstatement, Corporate reinstatement form enclosed. Please note that the taxpayer address changed in the year 2003. He moved from the first floor to the second floor on the same building. Do to this change in address he never received any of the annual reports for 2003, 2004 or 2005. Please note that we spoke to a representative from the Division of Corporations and they show a payment in the amount of \$150.00 received during the year 2004 which has not been applied yet.

We respectfully request you apply the \$150.00 which you received during the year 2004 to the year 2003 and abate the late filing penalty based on the above stated facts. We have enclosed a check in the amount of \$300.00 as payment for the years 2004 and 2005.

If you have any questions, please call us.

Very truly yours,

COLBERT, BOUE AND JUNCADELLA, P.A.

Carl E. Colbert, C.P.A.

Encl.

cc: Florida Pain Treatment Center, Inc.

DEAR REP NEGOTIATING
PURSUANT TO MY CONVERSATION
WITH YOUR OFFICE TODAY YOU INDICATED THAT
YOU APPROVED THE PENALTY WAIVER HOWEVER YOU
NEEDED THE FORM WITH TWO SIGNATURES.
ATTACHED IS THE REINSTATEMENT FORM
SIGNED BY REGISTERED AGENT AND
DIRECTOR RUBEN GONZALEZ.
THANK YOU
[Signature]