PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2005 NOV -3 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000265

1. Corporation Name
Florida Society of Physical Medicine & Rehabilitation, Inc.

REINSTATEMENT 95-05
CR2E081 (8/05)

2. Principal Office Address	3. Mailing Office Address
205 Walnut St-Upper	Po Box 330298
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Neptune Beach	Atlanta Beach
Zip: 32266 Country: Duval	Zip: 32233 Country: Duval

4. Date Incorporated or Qualified To Do Business in Florida: 1992

5. FEI Number: 593151455 ☐ 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: Lorry S. Davis

Street Address (P.O. Box Number is Not Acceptable): 205 Walnut St-Upper

Suite, Apt. #, Etc.:

City: Neptune Beach | State: FL | Zip Code: 32266

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: Lorry S Davis — REGISTERED AGENT MUST SIGN — Date: 11/2/05

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
Exec Dir.	Lorry S. Davis	205 Walnut St-Upper	Neptune Bch FL 32266
Pres	Enrique Monastero M.D.	401 S Le Jeune Rd 3rd Floor	Miami FL 33134
VP	Venerando Batas M.D.	2914 North Blvd.	Tampa FL 33602

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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: Lorry S Davis — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 11/2/05 — Daytime Phone #: 904 270 8886

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