

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 688652

1. Corporation Name

Physical Therapy of Boca Raton, PA

2. Principal Office Address - No P.O. Box #

199 W. Palmetto PK. Rd.

3. Mailing Office Address

199 W. Palmetto PK. Rd.

Suite, Apt. #, etc.

Ste 7

Suite, Apt. #, etc.

Ste 7

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33432

Country

Palm Bch

Zip

33432

Country

Palm Bch

7. Name and Address of Current Registered Agent

Name

Frank Saeier

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

1330 B N.W. 6th Street

Suite, Apt. #, Etc.

City

Gainesville, FL

State

FL

Zip Code

32601

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

*On file*

Date

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	Edward Lundgren	199 W Palmetto PK Rd Ste 7	Boca Raton, FL 33432

S. HAWKES

DEC 30 2010

EXAMINER

10. E-mail Address: PTBCCA@yahoo.com

(To be used for future annual report notification)

11. 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. I further certify, 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/2010

Date

5613388851

Daytime Phone #

10 DEC 30 AM 11:05

FILED

700189098157  
12/29/10--01033--005 \*\*750.00  
CR2E081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

592060574/

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT  
2010