

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

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

199 W. PALMETTO PK. RD.

Suite, Apt. #, etc.

Ste 7

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33432

Country

Palm Beach

Zip

33432

Country

Palm Beach

7. Name and Address of Current Registered Agent

Name

Frank Saier

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

1330 B N.W. 6th Street

Suite, Apt. #, Etc.

City

Gainesville

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
<u>D</u>	<u>Edward Lundgren</u>	<u>199 W Palm x Ho PK. Rd.</u> <u>Ste 7</u>	<u>BOCA RATON, FL</u> <u>33432</u>
	<u>Reinstated without penalty due to clerical error</u> <u>by our office 6/27/3/13/12</u>		

10. E-mail Address:

PTBOCA@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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/2012 561 338 8851
Date Daytime Phone #

FILED

2012 MAR 19 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

11-12

CR2E081 (11/10)

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

800225142798

03/19/12--01026--002 **300.00

MAR 19 2012

G. TONER