

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

03 JAN 16 PM 2:20

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # L01000017555

Name and Mailing Address

0009675 01 FP 0.352 \*\*PRST H3 0 0615 32566-886348

NAVARRE BEACH PHYSICAL THERAPY, P.L.L.C.  
2748 COPPER REEF DRIVE  
NAVARRE FL 32566-8863



116-2002

MJM

<b>2. New Mailing Address</b> City, State, Zip		<b>4. State/Country of Formation</b> FL	
<b>Principal Place of Business</b> 2743 COPPER REEF DRIVE NAVARRE FL 32566		<b>5. Date Organized or Qualified To Do Business in Florida</b> 10/12/2001	
<b>3. New Principal Place of Business Address</b> City, State, Zip		<b>6. FEI Number</b> 04-3655957 <b>Applied For</b> Not Applicable	
<b>8. Name and Address of Current Registered Agent</b> GREEN, WILLIAM H 664 BALDWIN AVENUE DEFUNIAK SPRINGS FL 32435		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
<b>9. Name and Address of New Registered Agent</b> Name: Cindy Daniel Street Address (P.O. Box Number is Not Acceptable): 2748 Copper Reef Dr City: Navarre FL Zip Code: 32566			
<b>10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.</b> Signature of Registered Agent: Cindy Daniel REGISTERED AGENT MUST SIGN Date: 12/16/02			
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
President	FRANK G DANIEL JR	2748 Copper Reef Dr	Navarre, FL 32566

**12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: Frank Daniel  
Date: 12-6-02 Daytime Phone #: 850-450-0777

Typed or printed name of signing Managing Member/Manager: Frank Daniel