

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT 25 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

4-04000022428

1. Limited Liability Company's Name

Physical Therapy To You, LLC

CR2E041 (1/07)

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

1030 Kokomo Key Ln
Suite, Apt. #, etc.

3. Mailing Office Address

1030 Kokomo Key Ln
Suite, Apt. #, etc.

City & State

Delray Beach, FL

City & State

Delray Beach, FL

Zip

Country

33483

USA

Zip

33483

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

3/24/2004

6. FEI Number

20-0929031

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Gail S. Levine

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

1030 Kokomo Key Lane

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33483

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. 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.

Signature of
Registered Agent

Gail S. Levine

REGISTERED AGENT MUST SIGN

Date 10/20/07

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
UGRM	Gail S. Levine	1030 Kokomo Key Lane	Delray Beach, FL 33483
REINSTATEMENT			
2006-2007			
10/25/07--01048--016 **55.00			
900111362999			
10/25/07--01048--016 **55.00			

11. 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

Gail S. Levine

Date 10/20/2007

Daytime Phone # 561-276-7475

Typed or printed name of signing Managing Member/Manager

Gail S. Levine