

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 NOV 19 PM 1:43

DOCUMENT # L04000049695

1. Limited Liability Company's Name

BEAL PHYSICAL THERAPY, P.L.

2. Principal Office Address - No P.O. Box #
2505 METRO CENRE BLVD

3. Mailing Office Address

Suite, Apt. #, etc.
201

Suite, Apt. #, etc.

City & State
WEST PALM BEACH, FL

City & State

Zip
33407

Country
USA

Zip

Country

4. State/Country of Formation
FL, PALM BEACH

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number
201338342

Applied For	
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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
JENNIFER BEAL

Street Address (P.O. Box Number is Not Acceptable)
6461 SPARTINA CIR

Suite, Apt. #, Etc.

City
JUPITERState
FI

Zip Code
458

☒ 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

Jennifer Beal
REGISTERED AGENT

Date 11/5/88

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

[illegible]

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

Jennifer Beal

Date _____

11/6/8

Daytime Phone# 561-688-1844

Typed or printed name of signing Managing Member/Manager

Jennifer Beal