PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY	SLOOPA DEBAR	YILL SECRETARY DIVISION OF BC	D OF STATE SOOMORAMIANS	
COMPANY  REINSTATEMENT  COMPANY  Secretary of State  DIVISION OF CORPORATIONS				
			TO DEC 21 AH 10: 28	
DOCUMENT # L04000094338  1. Limited Liability Company's Name				
POLK THERAPY, LLC			100188786021 12/17/1001002008 **238.75	
Principal Office Address - No P.O. Box # 3. Mailing Office Address		CR2E041 (05/10)		
346 E. CENTRAL A	Suite, Apt. #, etc.		4. State/Country of Formation	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		Date Organized or Qualifie     To Do Business in Florida	id 1)]aa]all
City & State	City & State		6. FEI Number	12/30/04   Applied For
WINTER HAVEN FL Zip 33880 POLK	Zip	Country	O, TENVANDO	Not Applicable
33880 POLK	Zip	Country	7. CERTIFICATE OF STATUS DE	\$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent				
Name MARK TUCKER				
MARK TUCKER  Street Address (P.O. Box Number is Not Acceptable)  346 E. CENTRAL AVE.				
			The production of the control of the	(
City WINTER HAVE.	V	State Zip Code <b>FL</b> 33 880	and State of the same of the	
9. I, being appointed the registered agent of the abo			accept the obligations of Chapter	r 608, F.S.
Signature of Registered Agent Man. K. June	Date 12/15/10			
Registered Agent Property	EGISTERED AGENT MUST	SIGN		
10. Names and Street Addresses of Managing Me	mbers/Managers			
Titles Name of Managing Members/Manag	ers	Street Address of Each Managing Member/Mana	·	City / State / Zip
MGRM MARK TUCKER 346 E. CENTRAL AVE. WINTER HA				NTERHAVEN,
				F4. 3388 C
. The Water of the Control of the Co				
	200			
REINSTATEMENT_	<del>2010</del>			
11, E-mail Address: RAMOOIS/ @	AOU. CON			
12. I certify that I am managing member/manager of filing this reinstatement application the reason for all fees owed by the limited liability company have.	r the receiver or trustee emp r dissolution has been elimin	ated, the limited hability comp	ication as provided for in Chaptel pany name satisfies the requiremi	ents of section 608.406, F.S., and that
as if made under oath. Signature of Menaging Member/Manager	Jaan			* 863-294-2499
Typed or printed name of signing Managing Member	:Mannen.			