

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JUN 11 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L83609**

1. Corporation Name

METRO PHYSICAL THERAPY CENTER, INC.

Principal Place of Business

Mailing Address

13691 METRO PARKWAY, SUITE 120
FT. MYERS FL 33912

13691 METRO PARKWAY, SUITE 120
FT. MYERS FL 33912

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/27/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3020127

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$6.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	WILLETT, THOMAS K.	3450 E. FLETCHER AVE.	TAMPA FL
D	CIOFFETELLI, MICHAEL	13691 METRO PKWY, STE. 120	FT. MYERS, FL

300002210453--0

06/12/97-01091-007

REINSTATEMENT

***923.75 ***923.75

6-11-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILLETT, THOMAS K.
3450 E. FLETCHER AVE.
SUITE 130
TAMPA FL 33613

Name

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

13691 METRO PKWY, STE 120

Suite, Apt. #, Etc.

SUITE 120

City

FT. MYERS

State

FL

Zip Code

33912

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 6-10-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for Information
on intangible tax.)

12. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

Michael Cioffetelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-10-97

Date

(941)768-2288

Daytime Phone #

CR2EC40 (7/96)