

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 NOV -5 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000099412

1. Corporation Name

QUANTUM PHYSICAL THERAPY, INC.

Principal Place of Business

Mailing Address

398-H GOLFVIEW ROAD
N. PALM BEACH FL 33408

398-H GOLFVIEW ROAD
N. PALM BEACH FL 33408



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

10/20/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1085924

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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 3	City / State / Zip 4
PVST	HURWITZ, DARRYL M	398-H GOLFVIEW ROAD	N. PALM BEACH FL 33408
D	HURWITZ, DARRYL M	398-H GOLFVIEW ROAD	N. PALM BEACH FL 33408

50000470559\$-4
-12/05/01--01028-012
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HURWITZ, DARRYL M
398-H GOLFVIEW ROAD
N. PALM BEACH FL 33408

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

10/28/2001

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9527

398-H Golf View Road
North Palm Beach, FL 33408
United States of America

202

October 28, 2001

RE: Administrative Dissolution notice.

REGISTERED MAIL

Department of State

Division of Corporations

PO Box 6327

Tallahassee, FL 32314

United States of America

To Whom It May Concern:

Subject: Quantum Physical Therapy, Inc.

I received a notice of dissolution for Quantum Physical therapy, Inc (ID # 65-1085924), on Nov 16, 2001. I called the telephone #, listed and was told that I had to furnish a letter stating why I had not filed the annual report/uniform business report.

I never received the original filing notice which apparently has to be completed and filed between Jan and May of 2001. I apologize for the oversight and enclosed you will find the relevant documents as well as a check for \$150.00. If you have any questions please do not hesitate in contacting me at (561) 694-9527.

Respectfully,



Darryl M. Hurwitz

President

Quantum Physical Therapy, Inc.

DMH