

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 28 PM 4:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000032237

1. Corporation Name

ADVANCED ORTHOPEDIC REHABILITATION CENTER, INC.

Principal Place of Business

4726 N. HABANA AVE., STE. 203
TAMPA FL 33014

Mailing Address

4726 N. HABANA AVE., STE. 203
TAMPA FL 33014

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/29/2001

5. FEI Number

59 3711383

Applied For

Not Applicable

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
Medical Director	MANUEL BARBETZ, MD.	4726 N. HABANA AVE.	TAMPA FL 33014
President	GAELAN CLARK	3702 W. EL PENDING BLVD.	TAMPA, FL 33629
Director			

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10/28/02--01052--026 **785-25 758.75

8. Name and Address of Current Registered Agent

CLARK, GAELAN
2922 W. UNION ST.
TAMPA FL 33607

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR20040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

~~SIGNATURE REQUIRED~~
REGISTERED AGENT MUST SIGN

Date

22 OCT 2002

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 REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

22 OCT 2002 8138757626