

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -9 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000032237

1. Corporation Name

Advanced Orthopedic Rehabilitation Center, Inc.

2. Principal Office Address

4726 N. Habana Ave.

Suite, Apt. #, etc.

204

City & State

Tampa

Zip

33614

Country

USA

3. Mailing Office Address

4726 N. Habana Ave.

Suite, Apt. #, etc.

204

City & State

Tampa

Zip

33614

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

29 March 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. Name and Address of Current Registered Agent

Name

Gaelan Clark

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

3702 W. El Prado Blvd.

Suite, Apt. #, Etc.

City

Tampa

State
FL

Zip Code
33629

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date 7 Oct 03

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Manuel Barbeite, M.D.	4726 N. Habana Ave., Suite 204	Tampa, FL 33614
T,M	Gaelan Clark	3702 W. El Prado Blvd.	Tampa, FL 33629

REINSTATEMENT

03 TS

10. 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

7 Oct 03

Date

813-875-7626

Daytime Phone #

CR2E001 (10/02)