

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT -4 AM 10:46

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000078230

1. Corporation Name

International Association of
Physiotherapists, Inc.

2. Principal Office Address - No P.O. Box #

9878 Clint Moore Rd

Suite, Apt. #, etc.

204

City & State

Boca Raton, FL

Zip

33496

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 02-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

8/6/01

5. FEI Number

65-1320132

☒ 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

JOSE Barrios

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

9878 Clint Moore Rd

Suite, Apt. #, Etc.

204

City

Boca Raton

State

FL

Zip Code

33496

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

10/13/07

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
P	JOSE Barrios	9878 Clint Moore Rd #204	Boca Raton, FL 33496

400110280044
10/04/07--01048--004 **1500.00

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 contained in Chapter 119, 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

JOSE Barrios

Date

10/13/07

Daytime Phone #