

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 12 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000090878

1. Corporation Name

RICHARD JOHANSEN PHYSICAL THERAPY, INC.

Principal Place of Business

Mailing Address

~~519 NW 60 STREET STE C~~
~~GAINESVILLE FL 32607~~

~~519 NW 60 STREET STE C~~
~~GAINESVILLE FL 32607~~

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

2. New Principal Office Address, If Applicable

4509 NW 23 Avenue

Suite, Apt. #, etc.

Suite 18

City & State

Gainesville, FL

32606-6570 ALACHUA

3. New Mailing Office Address, If Applicable

4509 NW 23 Avenue

Suite, Apt. #, etc.

Suite 18

City & State

Gainesville, FL

32606-6570 ALACHUA

4. Date Incorporated or Qualified
To Do Business in Florida

09/15/2001

5. FEI Number

59-375732

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PRESIDENT	Richard Johansen	8630 NW First Avenue	Gainesville FL 32606

8. Name and Address of Current Registered Agent

JOHANSEN, RICHARD
519 NW 60 STREET STE C
GAINESVILLE FL 32607

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

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

11/07/02

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

Richard P. Johansen

Date

Daytime Phone #

11/07/02

CR2ED40 (8/02)

Richard Johansen, P.T.

Quality Manual Physical Therapy
for You and Your Family.

November 4, 2002

Florida Department of State
Jim Smith, Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Richard Johansen Physical Therapy, Inc.
Federal Tax ID No. 59 3757032
Document No. P01000090878

Dear Secretary of State:

Late last year, my accountant, J. J. Lucky and Company, handled the proceedings for my business to become incorporated. We became incorporated January 1, 2002.

During the week of October 28, 2002, I received a Notice of Administrative Dissolution or Revocation from your Department; Document No. P01000090878. Needless to say I was totally surprised. I was not aware that I was to receive any notices from your Division. And my accountant, J. J. Lucky and Company, did not warn me of any possible notices coming.

Thursday, October 31, 2002, my secretary called (850) 245 6059 and was told of two notices that had been sent out by the Division of Corporations. One notice was sent in January and one notice again in July. I have not received such notices. As stated before, I was not aware that I should be receiving any correspondence from the Division of Corporations therefore I was not expecting any correspondence by your Department.

I am without explanation as to why I have not received the two prior notices. I have had trouble with Medicare sending me a Letter of Confirmation to become a Medicare Provider since August 2002. I was approved August 21, 2002, and after several telephone calls and correspondence by mail, I still have not received the letter from Medicare.

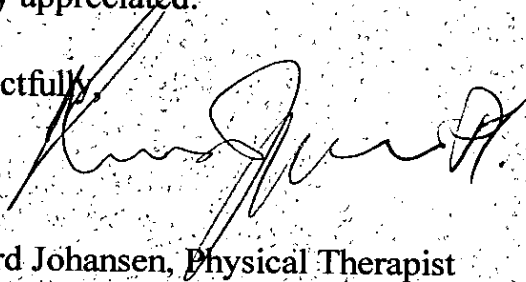
Florida Department of State
Jim Smith, Secretary of State
Division of Corporations
November 4, 2002
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My only possible explanation of not receiving this notification may be due to my old address (519 NW 60 Street, Suite C). There were 5 units all with the same address but with different unit letters A through E. For some reason I have had trouble receiving mail at my old address. My relocating may have caused the required additional attention to what was overlooked prior by the mail person/Post Office to correct the error at the 519 address. (The change of address is enclosed).

The person my secretary spoke to on Thursday suggested a letter be mailed to you requesting your assistance with my dilemma. He suggested we ask you for the penalties to be waived and to enclose a check for \$150. Enclosed is a check for \$150 (Check No.1818).

Again, I am requesting your help and your understanding of why I did not respond to the enclosed document in January and July. Your consideration will be greatly appreciated.

Respectfully,



Richard Johansen, Physical Therapist
President

/mj

Enclosure: Notice of Administrative Dissolution or Revocation:
Document No. P01000090878.
\$150 (Check No.1818)