

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -3 AM 9:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 8020000 15090

1. Corporation Name

Synergy Rehabilitaion Inc.

2. Principal Office Address

709 7th Lane

Suite, Apt. #, etc.

City & State

P.B. Gardens, FL

Zip

33418

Country

U.S.

3. Mailing Office Address

709 7th Lane

Suite, Apt. #, etc.

City & State

P.B. Gardens, FL

Zip

33418

Country

U.S.

REINSTATEMENT

03-04

4. Date Incorporated or Qualified
To Do Business in Florida

2/8/02

5. FEI Number

010603398

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

FRANK D. Fucile

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

709 7th Lane

Suite, Apt. #, Etc.

City

P.B. Gardens

500029812775

03/03/04--01046--024 **308.75

State
FL

Zip Code

33418

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 2/27/04

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
M.P.T.	FRANK D. Fucile M.P.T.	709 7th Lane P.B. Gardens, FL	P.B. Gardens / FL / 33418

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/04

Date

561-512-0395

Daytime Phone #