

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 9:24

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # PO20000 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 #