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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 17 AM 9:34

DOCUMENT # P02000063313

1. Corporation Name

SUNRISE Physical Therapy & Rehab Inc

REINSTATEMENT 03-05

2. Principal Office Address

2746 Pointe Circle

Suite, Apt. #, etc.

3. Mailing Office Address

2746 Pointe Circle

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33413

Country

U.S.A

Zip

33413

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

06/07/2002

5. FEI Number

51-0416009

☒ 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

MILALYNN A. BENEMERITO-BAGASAN

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

2746 POINTE CIRCLE

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33413

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

M. Benemerito-Bagasan

Date

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
President	MILALYNN A. BENEMERITO-BAGASAN	2746 POINTE CIRCLE	West Palm Beach, FL 33413
Vice Pres.	BENSON P. BAGASAN	2746 POINTE CIRCLE	West Palm Beach, FL 33413

200055568552
06/01/05--01017--010 **458.75

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)(l), 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:

M. Benemerito-Bagasan

2/25/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)

May 06, 2005

Department of State
Division of Corporations
P.O. box 6327
Tallahassee, Fl. 32314

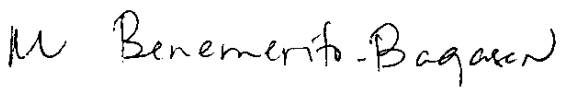
Dear Sir or Madam,

Thank you for prompt response for our request of Reinstatement of Corporation
of Sunrise Physical Therapy and Rehab Inc.

We have not received year 2002, 2003, 2004, and 2005 Corporate annual reports.
Enclosed total amount \$ 458.75 to reinstate.

Thank you again for your kind consideration and cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read "M Benemerito-Bagasan". The signature is fluid and cursive.

Milalynn Benemerito -Bagasan