(UIS 6666/8790 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

WEST PALM BEACH 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or Signature of Registered Agent 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 Officer and/or Director Signature of Registered Agent Date Pointe Circle West Signature of Registered Agent Date Pointe Circle West	LED Y OF STATE COMPORATIONS AM 9: 34
2. Principal Office Address 3. Mailing Office Address 2. Principal Office Address 3. Mailing Office Address 3. Mailing Office Address 4. Date Incorporated or Qualification of the City & State 4. Date Incorporated or Qualification of the Do Business in Florida 5. FEI Number 6. CERTIFICATE OF STATUS DE 7. Name and Address of Current Registered Agent Name 7. Name and Address of Current Registered Agent Name 8. 1. Deing appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or Registered Agent 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Name and Address of Each Officer and/or Director (Flor	
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20055 06/01/05010	PALM Beach, FI: 33413
	:568552 7010 **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 this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE:	0401 or 617.0401, F.S., that all fees

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,

Milalynn Benemerito -Bagasan

M Benemento-Bagan