FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #P02000120058

1. Corporation Name
PT CENTERS OF FLORIDA, INC

REINSTATEMENT 05

2. Principal Office Address	3. Mailing Office Address
1016 Ponce DeLeon	5041 Solar Pt. Dr.
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Royal Palm Beach, FL	City & State: Greenacres FL
Zip: 33411 County: Palm Beach	Zip: 33463 County: Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida 11-08-02

5. FEI Number: 56-2302282 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

Suite, Apt. #, Etc:

City: TALLAHASSEE State: FL Zip Code: 32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Cynthia L Harris as its agent Date: 9/22/05
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Maria Ruffing	1816 Cypress Trace	Royal Palm Beach, FL 33411
S	Dayna Bolera	5041 Solar Pt. Dr.	Greenacres, FL 33463

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: Dayna Bolera 9.23.05 561-827-5816
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

PT CENTERS OF FLORIDA, INC

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