

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2008 NOV -7 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000122216

1. Corporation Name

CWP Physical Therapy, Inc.

2. Principal Office Address - No P.O. Box #

11801 SW 90th Street

Suite, Apt. #, etc.

Suite 203

City & State

Miami, FL

Zip

33186

Country

USA

3. Mailing Office Address

11801 SW 90th Street

Suite, Apt. #, etc.

Suite 203

City & State

Miami, FL

Zip

33186

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/22/06

5. FEI Number

26-3629264

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

Claire W. Ceballos

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

11801 SW 90th Street

Suite, Apt. #, Etc.

Suite 203

City

Miami

State

FL

Zip Code

33186

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Claire W. Ceballos
REGISTERED AGENT MUST SIGN

Date 9/22/08

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
P/D	Cesar Ceballos	11801 SW 90th Street #203	Miami, FL 33186
VP/D	John Wilkerson	11801 SW 90th Street #203	Miami, FL 33186
S/T	Claire W. Ceballos	11801 SW 90th Street #203	Miami, FL 33186

REINSTATEMENT
07-08

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 contained in Chapter 119, 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:

Claire W. Ceballos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-22-08

Date

305-696-2828

Daytime Phone #