

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAR 25 AM 4:46

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P08000069595

1. Corporation Name

Kendall therapy services, inc

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

10621 SW 88 ST

3. Mailing Office Address

10621 SW 88 ST

Suite, Apt. #, etc.

209

Suite, Apt. #, etc.

209

City & State

Miami, FL

City & State

Miami, FL

Zip

33176

Country

EE.UU

Zip

33176

Country

EE.UU

000197754690

03/14/11--01064--002 **158.75

02/04/11--01036--002 **750.00
CR28081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

7/23/2008

5. FEI Number

263049491

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 Jesus E. Alfonso

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

17210 NW 64 ave

Suite, Apt. #, Etc.

107

City

Hialeah

State

FL

Zip Code

33015

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

Date

1/31/11

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
P	Jesus E. Alfonso	17210 NW 64 ave # 107	Hialeah, FL, 33015

10. E-mail Address: marcelysmena@yahoo.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/11

Date

24 H.

Daytime Phone #

305111