

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 14 PM 4:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000073122

1. Corporation Name

CORNERSTONE SPEECH, LANGUAGE & HEARING SERVICES, P.A.

Principal Place of Business

Mailing Address

1300 FLORIDA AVE UNIT A  
ROCKLEDGE FL 32955

1300 FLORIDA AVE UNIT A  
ROCKLEDGE FL 32955



200023772142  
10/14/03--01015--029 \*\*158.75

03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/03/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3274516

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	PONTONES, CYNTHIA L	1300 FLORIDA AVE UNIT A	ROCKLEDGE FL 32955

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PONTONES, CYNTHIA L  
1300 FLORIDA AVE UNIT A  
ROCKLEDGE FL 32955

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

Signature of Registered Agent

*Cynthia L Pontones*  
REGISTERED AGENT MUST SIGN

Date

10/8/03

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., 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:

*Cynthia L Pontones*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

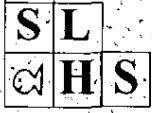
10/8/03

Daytime Phone #

321639-105

CR2040 (7/03)

C O R N E R S T O N E  
THERAPY SERVICES



- Speech/Language Pathology
- Occupational Therapy
- Physical Therapy

CINDY PETERS-PONTONES, M.A., CCC  
Director

October 8, 2003

To Whom It May Concern:

Please find the enclosed Application for Reinstatement and the required fee. The two prior UBR notices were not received by our facility. Please file this report without penalty. Thank you.

Sincerely,

Cindy L. Pontones