

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000094140

1. Corporation Name
 Driedo Physical Medicine & Rehab Inc.

Principal Place of Business Mailing Address
 1318 S. Crystal Lake Dr.
 Orlando, FL. - SAME
 32806

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
 1318 S. Crystal Lake Dr. 1318 S. Crystal Lake Dr.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State Orlando, FL. City & State Orlando, FL.

Zip 32806 Country Orange Zip 32806 Country Orange

4. Date Incorporated or Qualified To Do Business in Florida

194

5. FEI Number

59-3284297

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/T/S	PATRICK C. BARRON	1318 S. Crystal Lake Dr.	Orlando, FL. 32806

900002922929--2
 -07/02/93--01103--010
 ***1350.00 ***1350.00

8. Name and Address of Current Registered Agent

PATRICK C. BARRON
 1318 S. CRYSTAL LAKE DR.
 ORLANDO, FL.
 32806

9. Name and Address of New Registered Agent

Name PATRICK C. BARRON
 Street Address (P.O. Box Number is Not Acceptable) 1318 S. Crystal Lake Dr.
 Suite, Apt. #, Etc.
 City Orlando State FL Zip Code 32806

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.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 6-20-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-20-99

Date

407-896-1620

Daytime Phone #

FILED

19 JUN 24 AM 10:22

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT

95-99

CR2001 (12/98)