

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PRC/10/17

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATION

99-01 UBR

FILED

01 NOV 28 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600004720086--4
-12/12/01--01013--015
****458.75 ****458.75

DOCUMENT # P95000031791

1. Corporation Name
Advanced Rehabilitation Technologies
of Tampa, Inc.

2. Principal Office Address
1725 W Dr Martin L King
Jr. Blvd

3. Mailing Office Address
1725 W DR. Martin L King
Jr Blvd

4. City & State
Tampa FL

5. Zip 33607 **Country**

4. Date Incorporated or Qualified To Do Business in Florida 04/19/1995

5. FEI Number 59-3314427 **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 Brad A. Gallo, President/ Financial Analysis an Reports, Inc.

Street Address (P.O. Box Number is Not Acceptable) 725 W DR. Martin L. King Jr Blvd

Suite, Apt. #, Etc.

City Tampa **State** FL **Zip Code** 33607

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 *Brad A. Gallo, Pres* **Date** 10/17/2001

REGISTERED AGENT MUST SIGN *F.A.R. INC. &*

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	Alvarez, Valerie	1725 W Dr Martin L King Jr Blvd	Tampa FL 33607
D	Gallo Morris	12734 Kenwood Ln Ste25	FTMyers FL 33907
VP	Gallo, Brad	1725 W Dr Martin L King Jr Blvd	Tampa, FL 33607

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: *Valerie Alvarez, Pres* *10/17/2001* *813-876-0100*

Financial Analysis and Reports, Inc.

proceed

1725 W. Dr Martin L. King Jr Blvd.

Tampa, FL 33607

Ph. 876-0100

Fax 876-1686

To: Florida Dept of Corporations

Re: Annual Report for Advanced Rehabilitation

Technologies of Tampa, Inc

Doc #P95000031791

Dear Sirs,

On 5/1/2000, subsequent to not having received 1999 and 2000 Annual report forms due to location changes, I forwarded to you a reinstatement request, Certified Mail 70993400000191739031, for the above named corporation as the new registered agent. To date, I have not received any confirmation of proper filing nor have we received the requested certificate of status. In checking the web site for Sunbiz.org, I note no change of status for this corporation.

I can only assume some clerical error has occurred. Hence, I am enclosing an updated report with a new check from Adv. Rehab. Tech. of Tpa. Inc. for the new amount of \$458.75 which would cover the reinstatement filings for years 1999, 2000 and 2001 plus the Certificate of Status.

I have enclosed copies of the original request, certified mail receipt, the letter from your office and original documents for the years 1999, 2000 & 2001 as required.

Thank you in advance for your assistance in resolving this matter.

Brad A. Gallo, President
As Registered Agent