

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

1998 APR -2 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000059805

1. Corporation Name

PROPRIOCEPTIVE MANAGEMENT, INC.

Principal Place of Business

931 N STATE ROAD 434 SUITE 1201-270
ALTAMONTE SPRINGS FL 32714

Mailing Address

931 N STATE ROAD 434 SUITE 1201-270
ALTAMONTE SPRINGS FL 32714

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/02/1995

5. FEI Number

59-3331536

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **YES**

\$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
PSTD	RECKSIEDLER, CHRISTOPHER C	931 N STATE ROAD 434 SUITE 1201-	ALTAMONTE SPRINGS FL 32714
			300002480823-7 -04/07/98-01038-010 ****750.00 ****750.00
			300002480823-7 -04/07/98-01038-011 ****158.75 ****158.75

REINSTATEMENT

8. Name and Address of Current Registered Agent

HENNIGAN, JERMONE
672 N SEMORAN BLVD SUITE 201
ORLANDO FL 32807

9. Name and Address of New Registered Agent

Name: Christopher C. Recksiedler
Street Address (P.O. Box Number is Not Acceptable):
638 Regina Lane
Suite, Apt. #, Etc.: Lane Many
City: FL, 32746
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.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 3-9-98

11. This corporation owes or has paid 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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-98 407-322-4168

Date

Daytime Phone #

CR25040 (8/97)