

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 MAR 13 PM 12:26

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P950000063121

1. Corporation Name  
Physical Therapy Concepts, Inc.

2. Principal Office Address  
6362 NW 40<sup>th</sup> Ave

Suite, Apt. #, etc.

City & State  
Coconut Creek, Fl.

Zip Country  
33073 United States

3. Mailing Office Address  
6362 NW 40<sup>th</sup> Ave

Suite, Apt. #, etc.

City & State  
Coconut Creek, Fl.

Zip Country  
33073 United States

REINSTATEMENT 03-06  
CR2E081 (12/05)

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

5. FEI Number  
65-0610397

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 Physical Therapy Concepts c/o Monique R. Nelson  
Street Address (P.O. Box Number is Not Acceptable)  
6362 NW 40<sup>th</sup> Ave.  
Suite, Apt. #, Etc.  
City Coconut Creek State FL Zip Code 33073

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

REGISTERED AGENT MUST SIGN

Date 3-7-06

**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	Monique R. Nelson	6362 NW 40 <sup>th</sup> Ave. Coconut Creek	Coconut Creek, Fl. 33073
	3/3/14		300069054563 03/30/06--01044--019 **750.00

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 contained in Chapter 119, 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

3-7-06 954-649-2831

Date

Daytime Phone #