▲ Tear Here ▲ 98 ▲ Tear Here ▲

APPROVED AND FILED

DO NOT WRITE IN THIS SPACE

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

1998 JAN 20 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries
Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # P96000008209

New Lifestyles Institute for PM & R, Inc.
1801 Coral Way
Third Floor
Miami, FL 33145

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State

Zip Code

REINSTATEMENT

3. Date Incorporated or Qualified To Do Business in Florida	4. FEI Number		5
01/25/96	65-0635240	FEI Number Applied For / FEI Number Not Applicable	$8.75 Additional Fee required for a Certificate of Status. CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and/or Director

1 Title	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 and State
D/P/S/T	Donald Kaplan	3123 Commerce Parkway	Miramar, FL 33025

500002410435--3
-01/23/98--01084--006
****750.00 ****750.00

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent and/or Office

Name: Donald Kaplan

Street Address (Do NOT Use P.O. Box Number): 3123 Commerce Parkway

Street Address (Do NOT Use P.O. Box Number):

City and State: Miramar FL. Zip: 33025

9. 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: X Donald Kaplan — REGISTERED AGENT MUST SIGN — Date: January 15, 1998

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: X Donald Kaplan — Date: 1-15-98 — Daytime Phone #: (954)438-0044

Typed or printed name of signing officer or director: