

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC -6 PM 12: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000006853

1. Corporation Name

INCON THERAPY OF FLORIDA, INC.

Principal Place of Business

Mailing Address

836 PRUDENTIAL DR
STE 100
JACKSONVILLE FL 32207
US

836 PRUDENTIAL DR
STE 100
JACKSONVILLE FL 32207
US

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

759 N Edgewood Ave

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville FL

Jacksonville FL

Zip

Country

Zip

Country

32254 USA

USA



REINSTATEMENT 99

4. Date Incorporated or Qualified To Do Business in Florida

01/17/1997

5. FEI Number

59-3427873

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	4 City / State / Zip
D + P	LOCKWOOD, JACK R SR.	759 NORTH EDGEWOOD AVENUE	JACKSONVILLE FL 32254

400003070164--9
-12/14/99-01104-006
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LOCKWOOD, JACK R SR.
759 NORTH EDGEWOOD AVENUE
JACKSONVILLE FL 32254

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

JACK R LOCKWOOD
REGISTERED AGENT MUST SIGN

Date

11/23/99

11. 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:

JR Lockwood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/23/99

Daytime Phone #

904 384 7212

KE