PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
12 SEP 28 PM 1:10

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILING CANCELLED
RETURNED CHECK

REINSTATEMENT 09-12

DOCUMENT # P97000040004

1. Corporation Name
J.M.B. Speech and Language Pathology Services, Inc.

CR2E083 (11/10)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
3709 W. Hamilton Avenue		3709 W. Hamilton Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
#2		#2	
City & State		City & State	
Tampa, Florida		Tampa, Florida	
Zip	Country	Zip	Country
33614	USA	33614	USA

4. Date Incorporated or Qualified To Do Business in Florida 05/01/1997

5. FEI Number 59-3427973 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

400240077144
091261120101902I $1200.00

7. Name and Address of Current Registered Agent

Name: Phillip J. Testa

Street Address (P.O. Box Number is Not Acceptable): 4726-B North Lois Avenue

Suite, Apt. #, Etc.:

City: Tampa | State: FL | Zip Code: 33614

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: [signature] Date: 9/26/12

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Jeanne M. Barth	15704 Squirrel Tree Place	Tampa, Florida 33624
D	Richard E. Barth	15704 Squirrel Tree Place	Tampa, Florida 33624

10. E-mail Address: [illegible] (To be used for future annual report notification)

11. I certify that I am an officer or director of 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] C.E.O. - V.P. DIRECTOR 9/25/2012 813-2[illegible]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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