

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 28 PM 3:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000085198**

1. Corporation Name

**ED ARQUITOLA PHYSICAL THERAPY SERVICES, INC.**

Principal Place of Business

Mailing Address

102 KASSIK CIRCLE  
ORLANDO FL 32824

102 KASSIK CIRCLE  
ORLANDO FL 32824



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**13157 PALOMA DR**  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

**13157 PALOMA DR**  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

**10/02/1997**

5. FEI Number

**59-3473354**

Applied For

Not Applicable

City & State

**ORLANDO FL**  
Zip **32837** Country **ORANGE**

City & State

**ORLANDO FL**  
Zip **32837** Country **ORANGE**

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)

**300024184473**

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	ARQUITOLA, EDGARDO P	102 KASSIK CIRCLE	ORLANDO FL 32824
VSTD	MALLARI, AILEEN V	102 KASSIK CIRCLE	ORLANDO FL 32824

8. Name and Address of Current Registered Agent

ARQUITOLA, EDGARDO  
102 KASSIK CIRCLE  
ORLANDO FL 32824

9. Name and Address of New Registered Agent

Name **EDGARDO ARQUITOLA**

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

**13157 PALOMA DR**

Suite, Apt. #, Etc.

City

**ORLANDO**

State

**FL**

Zip Code

**32837**

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

**10/26/03**

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (7/03)