

156  
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 27 PM 1:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000005195**

1. Corporation Name

**DUNN AVE. PHYSICAL THERAPY, INC.**

Principal Place of Business

**2377 DUNN AVENUE #103  
JACKSONVILLE FL 32218**

Mailing Address

**2377 DUNN AVENUE #103  
JACKSONVILLE FL 32218**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**01/16/1998**

5. FEI Number

**59-3491127**

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<b>D</b>	<b>VANDERVELDE, REIN</b>	<b>2377 DUNN AVENUE #103</b>	<b>JACKSONVILLE FL 32218</b>

**700009241037**

**11/27/02--01070--009 \*\*150.00**

8. Name and Address of Current Registered Agent

**ISAAC, FRED C  
2468 ATLANTIC BOULEVARD  
JACKSONVILLE FL 32207**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

CR2E040 (8/02)

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

**11/22/02**

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 #

**10-21-02.904-751-6646**

# DUNN AVENUE

PHYSICAL THERAPY

2377 DUNN AVENUE • SUITE 3  
JACKSONVILLE, FLORIDA 32218  
904/751-6646 • FAX 904/751-6647  
WWW.DAPTJAX.COM

November 19, 2002

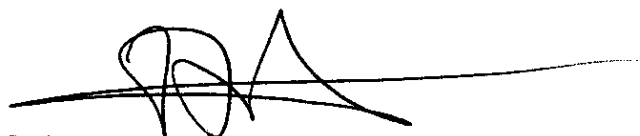
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: P98000005195

To Whom It May Concern;

Enclosed please find our Application for Reinstatement. We were not in receipt of the two Uniform Business Report notices. This could be secondary to accounting changes that took place this year.

Please review our application and reinstate our corporation as soon as possible. Thanking you in advance for your cooperation.

A handwritten signature in black ink, appearing to read 'Rein VanderVelde', with a long horizontal line extending to the right.

Rein VanderVelde, PT  
President/Owner