

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 NOV 24 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000005195

1. Corporation Name

Dunn Ave. Physical therapy, inc.

100138240231
11/24/08--01062--026 **900.00

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #

2377 Dunn Avenue

Suite, Apt. #, etc.

Suite 3

City & State

Jacksonville FL

Zip

32218

Country

Duval

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

Jan 1998

5. FEI Number

☐ Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Rein Vanderwelde

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

2377 Dunn Avenue

Suite, Apt. #, Etc.

Suite 3

City

Jacksonville

State

FL

Zip Code

32218

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

REGISTERED AGENT MUST SIGN

Date

4-2-08

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>owner</u>	<u>Rein Vanderwelde</u>	<u>362 W. Roscoe Blvd</u>	<u>Porter Weir FL 32082</u>

REINSTATEMENT 03-08

10. 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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-08

Date

904-751-6646

Daytime Phone #