

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Division of Corporations

FILED

99 OCT 19 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000042561

1. Corporation Name

L'ENCORE MEDICAL MANAGEMENT GROUP, INC.

Principal Place of Business

Mailing Address

1175 NE 125 STREET STE 311
NO MIAMI FL 33161

1175 NE 125 STREET STE 311
NO MIAMI FL 33161

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/11/1998

5. FEI Number

65-0834723

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$5.75 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
D	WESTON, DAVID E	1175 NE 125 STREET STE 311	NO MIAMI FL 33161

4000003029704-4
-10/29/99-01085-009
****158.75 ****158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WESTON, DAVID E
1175 NE 125 STREET STE 311
NO MIAMI FL 33161

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

10/14/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/14/99 305-892-9918

KE

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L'ENCORE M.M.G.

L'Encore Medical Management Group, Inc.

OCTOBER 13th, 1999

**FLORIDA DE PT. OF STATE
DIV. OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314**

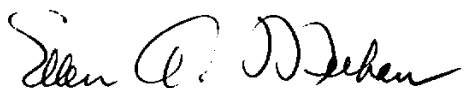
GENTLEMEN:

**CONFIRMING OUR TELEPHONE CONVERSATION WITH YOUR OFFICE
ON OCT. 13, 1999. WE ARE ENCLOSING OUR CHECK #1501, IN THE
AMOUNT OF \$158.75, WHICH REPLACES OUR CHECK # 1355 ,FOR THE
SAME AMOUNT ISSUED ON MARCH 10th, 1999. A COPY OF THE RETURN
RECEIPT IS ATTACHED. WE ARE VOIDING OUT THE ORIGINAL CHECK.**

**ATTACHED IS APPLICATION DOCUMENT P98000042561, OUR FEI #65-
0834223.**

**THANKING YOU FOR COOPERATION, IN THIS MATTER, AND LOOKING
FORWARD TO RECEIPT OF "CERTIFICATE OF STATUS"**

VERY TRULY YOURS,



**ELLEN MEEHAN, COMPTOLLER
L'ENCORE MEDICAL MANAGEMENT GROUP, INC.**

**ENC. 3
EAM:DC**