

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000054877

1. Corporation Name

PERRIMAN'S PHYSICAL THERAPY & REHAB CENTER, INC.

FILED
00 JAN 14 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

991 North Miami Beach Blvd. (Same)
North Miami Beach, FL 33162

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

2. New Principal Office Address, If Applicable

Same as above

3. New Mailing Office Address, If Applicable

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

09-2000

4. Date Incorporated or Qualified
To Do Business in Florida

06/19/98

SP

5. FEI Number

65-0844174

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$475 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D/P	Brett Perriman	991 North Miami Beach Blvd. N. Miami Beach, FL	33162

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-01/28/00--01031--011
****908.75 ****908.75

8. Name and Address of Current Registered Agent

Amerilawyer
343 Almeria Avenue
Coral Gables, FL 33134

9. Name and Address of New Registered Agent

Name

Brett Perriman

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

991 North Miami Beach Boulevard

Suite, Apt. #, Etc.

City

North Miami Beach

State

FL

Zip Code

33162

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

Brett Perriman
REGISTERED AGENT MUST SIGN

Date 01/11/2000

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Brett Perriman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brett Perriman

01/11/2000
Date

(305)949-33
Daytime Phone #