PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 OCT 15 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000054877

1. Corporation Name
Perriman Physical Therapy & Rehab Center, Inc.

2. Principal Office Address	3. Mailing Office Address
2613 NW 54th St.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fl.	City & State
Zip: 33142 Country: U.S.	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 7-1-97

5. FEI Number: 65-0844174 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name: Brett Perriman

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-10/17/01--01067--014
****758.75 ****758.75

Street Address (P.O. Box Number is Not Acceptable): 2613 NW 54th Street

Suite, Apt. #, Etc.: Miami, Fl. 33142

City: Miami State: FL Zip Code: 33142

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: Brett Perriman
REGISTERED AGENT MUST SIGN

Date: 10-12-01

C020001 (8/00)

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
President	Felicia Mayo	991 North Miami Bch. BLVD.	North Miami Bch, Fl. 33161
Director	Brett Perriman	391 North Miami Bch. BLVD.	North Miami Bch, Fl. 33162
	REINSTATEMENT 01		
			TO

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 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 10-12-01 305-638-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #