

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN -7 PM 12:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

01-02

DOCUMENT # P98000100510

**1. Corporation Name**

PEDIATRIC & ADULT CENTER FOR SPEECH PATHOLOGY  
INC.

**2. Principal Office Address**

4010 GALT OCEAN MILE

Suite, Apt. #, etc.

1603

City & State

FORT LAUDERDALE, FLORIDA

Zip

33308

Country

USA

**3. Mailing Office Address**

400 S DIXIE HIGHWAY

Suite, Apt. #, etc.

128

City & State

BOCA RATON, FLORIDA

Zip

33432

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12-2-98

**5. FEI Number**

65-0884515

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

ANTHONY J REITANO, CPA

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

400 S DIXIE HIGHWAY

Suite, Apt. #, Etc.

128

City

BOCA RATON

State

FL

Zip Code

33432

**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

*Anthony J Reitano*

REGISTERED AGENT MUST SIGN

Date 11-18-02

**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
D	TERRIE GLADWISH	4010 GALT OCEAN MILE#1603	FT LAUDERDALE, FL 33308
P/D	KENDRIE GAMMEL	4010 GALT OCEAN MILE#1603	FT LAUDERDALE, FL 33308

CR2E081 (9/01)

**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: *Terrie Gladwish*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERRIE GLADWISH

Date

11/22/02

Daytime Phone #

954-224-8978