PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM PQ of V5981-2 FLORIDA DEPARTMENT OF STATE FILED CORPORATION Katherine Harris 00 DEC -7 PM 3: 45 REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT #P98000107850 1. Corporation Name ADVANCED PHYSICAL THERAPY OF BRADENTON, INC. 2. Principal Office Address 3. Mailing Office Address 7338 Periwinkle Drive 7338 Periwinkle <u>Driv</u>e Suite, Apt. #, etc. Suite, Apt, #, etc. Date Incorporated or Qualified
 To Do Business in Florida 12/28/1998 City & State City & State 5. FEI Number Applied For Sarasota, FĹ Sarasota, FL 65-0887111 Not Applicable Zip Country Zip Country \$8.75 Additional Fee required for a Certificate of Status 34231 USA 34231 7. Name and Address of Current Registered Agent Name GALICA-DEVINE, Kathleen 200009509861 Street Address (P.O. Box Number is Not Acceptable) -12/21/00--01023 1002 7338 Periwinkle Drive ****300.00 ****308.00 Suite, Apt. #, Etc. State Zip Code Sarasota 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 11/30/00 Registered Agent REGISTERED AGENT MUST SIGN Kathleen Galica-Devine 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each City / State / Zip Officers and/or Directors Officer and/or Director GALICA-DEVINE, Kathleen 7338 Periwinkle Drive Sarasota, 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 eath. Kathleen Galica-Devine President 941/366-6660 11/30/00 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

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PAGETON

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HARVEY J. ABEL

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Reply To: Sarasota

December 6, 2000

Please refer to our file number: 5981-2 Writer's Direct Line: (941) 364-2729 Writer's Direct E-mail: GMilhorn@Abelband.com

VIA CCRS COURIER

Bureau of Corporate Records Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

Advanced Physical Therapy of Bradenton, Inc.

Dear Sir or Madam:

Per your instructions in your telephone conversation with our Paralegal, Gatha Milhorn of 11/27/2000, we are writing to request a waiver of the penalty to reinstate the referenced Corporation. To the best of our knowledge, the Post Office failed to deliver this mail. The Corporation has had serious problems with not receiving its mail. Consequently, it is changing the Corporate address to a home address.

Enclosed please find for filing original and duplicate Application for Reinstatement for the referenced Corporation, together with a check in the amount of \$300.00.

Please return the date stamped copy of the Application to the undersigned via the CCRS Courier. Thank you for your assistance.

Very truly yours,

ABEL, BAND, RUSSELL, COLLIER, PITCHFORD & GORDON, CHARTERED

By

Cheryl/L. Gordon For the Firm

CLG:gkm Enclosures