PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 OCT -9 AM 11:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000004101

REINSTATEMENT 03

1. Corporation Name

PROFESSIONAL THERAPY & REHAB SERVICES,INC

2. Principal Office Address	**3.** Mailing Office Address
201 LONE PINE DR	201 LONE PINE DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM BEACH GARDENS, FL	City & State: PALM BEACH GARDENS, FL
Zip: 33410 / Country: PALM BEACH	Zip: 33410 / Country: PALM BEACH

4. Date Incorporated or Qualified To Do Business in Florida: 01/14/1999

5. FEI Number: 650900299 — 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: MARC B DOMB

Street Address (P.O. Box Number is Not Acceptable): 201 LONE PINE DR

Suite, Apt. #, Etc.:

City: PALM BEACH GARDENS — State: FL — Zip Code: 33410

200023662502
10/09/03--01024--015 **750.00

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 _____ Date 10/7/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
P	MARC B DOMB	201 LONE PINE DR	PALM BEACH GARDENS, FL 33410

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: _____ MARC B DOMB — 10/7/03 — (561)315-6531

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/9