

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 26 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **99000097384**

1. Corporation Name

**Tetramed Rehab of Sarasota, Inc.**

**500009222245**  
11/26/02--01035--007 \*\*150.00

2. Principal Office Address

**1021 Oak Street**

3. Mailing Office Address

**1021 Oak Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Jacksonville, FL**

City & State

**Jacksonville, FL**

Zip

**32204**

Country

**USA**

Zip

**32204**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**10/30/1999**

5. FEI Number

**52-2200185**

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

**Margarita M. Grishkoff**

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

**1021 Oak Street**

Suite, Apt. #, Etc.

City

**Jacksonville**

State  
**FL**

Zip Code

**32204**

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 **11/19/2002**

REGISTERED AGENT MUST SIGN

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
PSTD	Margarita M. Grishkoff	1021 Oak Street	Jacksonville, FL 32204

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/19/2002 904-791-3202**  
Date Daytime Phone #

CR2ED81 (9/01)

**MARGARITA M. GRISHKOFF**

7607 N.W. 127 MANOR  
PARKLAND, FLORIDA 33076  
954-340-8500  
FACSIMILE: 954-340-0719  
[mgwizard@aol.com](mailto:mgwizard@aol.com)

November 19, 2002

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32314

**Re: Reinstatement**

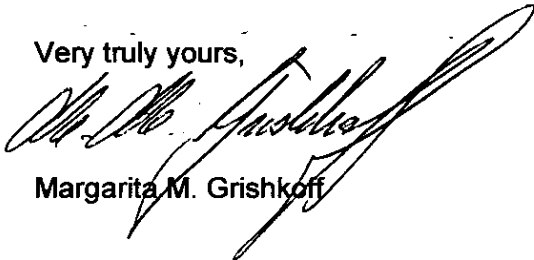
Dear Sir or Madam:

Enclosed is a completed form for the Corporation Reinstatement of Tetramed Rehab of Sarasota, Inc. and a check in the amount of \$150.00.

We respectfully request the waiver of the reinstatement fee of \$600.00 for the following reason. The corporation unexpectedly lost its lease at the registered address. The annual report forms and any reminder notices were never received by the corporation. As a result, the annual report was inadvertently overlooked.

If you have any questions or need any further information, please let me know. Due to a corporate re-structuring, we urgently need to have this situation remedied as soon as possible.

Very truly yours,



Margarita M. Grishkoff