

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 8:31

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000109914

1. Corporation Name

KUNKEL PHYSICAL THERAPY, INC.

Principal Place of Business

Mailing Address

2617 NORTH FLAGLER DR
STE 112
WEST PALM BEACH FL 33407
US

2617 NORTH FLAGLER DR
STE 112
WEST PALM BEACH FL 33407
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

12/21/1999

5. FEI Number

65-0968596

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status



7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PDS	KUNKEL, KEVIN	2617 N FLAGLER DR STE 112	WEST PALM BEACH FL 33407
VT	KUNKEL, SUSAN	2617 N FLAGLER DR STE 112	WEST PALM BEACH FL 33407

900023915569
10/17/03--01091--014 **150.00

8. Name and Address of Current Registered Agent

MINTMIRE, DONALD F
265 SUNRISE AVENUE, SUITE 204
PALM BEACH FL 33480

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Donald F. Mintmire
REGISTERED AGENT MUST SIGN

Date

10/10/03

11. 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)(l), 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

Kevin Kunkel
Kevin Kunkel

Date

10/8/03

Daytime Phone #

561 833-1747

CR2040 (7/03)

Kunkel Physical Therapy

2617 North Flagler Drive Suite 112

West Palm Beach, Florida 33407


October 8, 2003

Dear Sir or Madam:

This letter is to state that I did not receive the notices for corporate reports that were told to me to have been sent out three times during the year. I am the one who opens all my mail and my administrator reviews all incoming mail and requests for licensure and governmental requests. I would have responded immediately as I always do to licensure and corporate reports.

I respectfully request waiving of the fees for the reinstatement of the company into active status. I have always been diligent in maintaining records for my corporations. I have enclosed the fee for reinstatement of \$150 but would hope that it would be waived.

Sincerely,

A handwritten signature in black ink, consisting of several overlapping loops, positioned above the printed name.

Kevin Kunkel
Kunkel Physical Therapy