

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 22 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S78977**

1. Corporation Name

GORDEN BERNTSEN PHYSICAL THERAPY, INC.

Principal Place of Business

Mailing Address

15695 - 74TH AVENUE NORTH
PALM BEACH GARDENS FL 33418

15695 - 74TH AVENUE NORTH
PALM BEACH GARDENS FL 33418

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

09/06/1991

5. FEI Number

65-0285199

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BERNTSEN, GORDEN	15695 - 74TH AVENUE N.	PALM BEACH GRDNS FL

300024014843
10/22/03--01055--019 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BERNTSEN, GORDEN
15695 - 74TH AVENUE NORTH
PALM BEACH GARDENS FL 33418

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

Date

REGISTERED AGENT MUST SIGN

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)(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

10-20-03

Date

(561) 744 1813

Daytime Phone #

CR2E040 (7/03)

01-01-2001
1991-01-2001

**GORDEN BERNTSEN
PHYSICAL THERAPY INC.
15695 74TH AVE NORTH
PALM BEACH GARDENS, FLORIDA 33418**

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314**

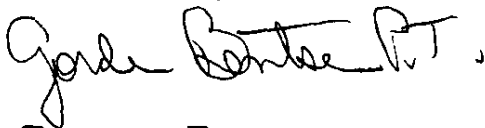
TO WHOM IT MAY CONCERN:

I HAVE BEEN INCORPORATED SINCE OCTOBER 1ST, 1991. AS YOU CAN SEE BY MY RECORDS, I HAVE NEVER MISSED OR EVEN FILED THIS FEE LATE. THIS NOTICE OF DISSOLUTION IS THE FIRST NOTICE THAT I HAVE RECEIVED THIS YEAR, I AM GREATLY UPSET THAT THIS HAS OCCURRED. I DID NOT RECEIVE ANY NOTICES PRIOR TO THIS ONE. MY ADDRESS HAS REMAINED THE SAME.

I HAVE ENCLOSED THE APPLICATION FOR REINSTATEMENT AND APPROPRIATE FILING FEE AS STATED IN THE DIRECTIONS UNDER IMPORTANT FACTS ON THE FIRST PAGE OF THE NOTICE. I TRUST THAT THIS WILL REINSTATE MY CORPORATION.

PLEASE LET ME KNOW IF ANY ADDITIONAL FEES ARE REQUIRED AND I WILL BE LOOKING FOR NOTICE IN JANUARY 2004.

SINCERELY,



**GORDEN BERNTSEN
GORDEN BERNTSEN PHYSICAL THERAPY, INC.
PRESIDENT/OWNER**