


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 OCT 26 PM 2:29

DOCUMENT # **V54692**

1. Corporation Name  
**DAVID A. STEGEMAN, R.P.T., P.A.**

Principal Place of Business 15304 TALL OAK AVENUE DELRAY BEACH FL 33446 US	Mailing Address 15304 TALL OAK AVE DELRAY BEACH FL 33446 US
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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

**REINSTATEMENT 01**

4. Date Incorporated or Qualified To Do Business in Florida **08/03/1992**

5. FEI Number **65-0351886**

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
P	STEGEMAN, DAVID A.	15304 TALL OAK AVE	DELRAY BEACH FL
V	STEGEMAN, MELISSA	15304 TALL OAK AVE	DELRAY BEACH FL
			300004677973--9 -11/14/01--01019--010 ****750.00 ****750.00


8. Name and Address of Current Registered Agent

**STEGEMAN, DAVID A.**  
 15304 TALL OAK AVENUE  
 DELRAY BEACH FL 33446

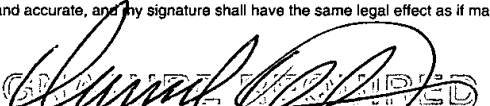
9. Name and Address of New Registered Agent

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.

Signature of Registered Agent  Date **10/23/01**

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:  **10/23/01 (561)6379146**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)