## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



MORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DOCUMENT # P01000019866

1. Corporation Name

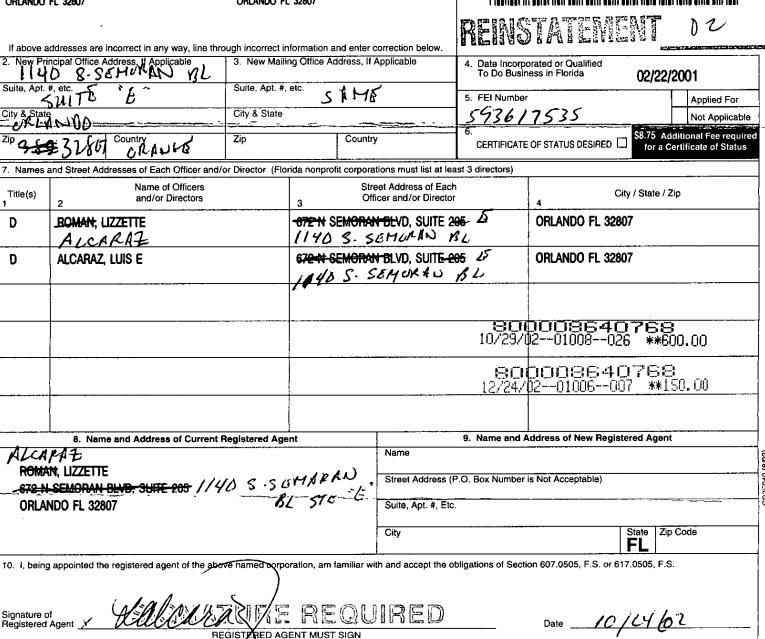
METRO REHAB OF ORLANDO, INC.

Principal Place of Business

Mailing Address

672 N SEMORAN BLVD. SUITE 205 ORLANDO FL 32807

672 N SEMORAN BLVD, SUITE 205 ORLANDO FL 32807 SECRETARY OF STATE SECRETARY OF STATE SECRETARY OF STATE OF STATE



11. I certify that I am an officer or director or the receiver or frustee 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.