

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000090270

1. Corporation Name
HEALTHCARE WEST MEDICAL & REHABILITATION CENTER, INC.

FILED
97 OCT 29 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1167 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH FL 33411	Mailing Address 1167 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH FL 33411
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REINSTATEMENT 97

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

2. New Principal Office Address, If Applicable 11476 OKEECHOBEE BLVD. Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable P.O. Box 210985 Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 11/28/1995	
City & State		City & State		5. FEI Number 65-0625881	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	ROBINER, RONALD A	141 SARATOGA BLDG. E	ROYAL PALM BEACH FL 33411
			700002338807--0 11/85/97--01062--025 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROBINER, RONALD A 1167 ROYAL PALM BEACH BLVD. 11476 OKEECHOBEE BLVD ROYAL PALM BEACH FL 33411	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State FL

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 *[Signature]* Date **10-27-97**
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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]* 10-27-97 861793-8648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)