PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

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

FILED
02 FEB 18 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000037965

**1.** Corporation Name Life Care Rehab, Inc.

| **2.** Principal Office Address | | **3.** Mailing Office Address | |
|---|---|---|---|
| 3401 Tamaimi Trail North | | 3401 Tamiami Trail North | |
| Suite, Apt. #, etc. Suite 207 | | Suite, Apt. #, etc. Suite 207 | |
| City & State Naples, Florida | | City & State Naples, Florida | |
| Zip 34103 | Country USA | Zip 34103 | Country USA |

**4.** Date Incorporated or Qualified To Do Business in Florida 4/14/00

**5.** FEI Number 59-3720366 ☐ Applied For ☐ Not Applicable

**6.** CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

**7.** Name and Address of Current Registered Agent

Name: Jeff M. Novatt, Esq.

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****8.75 ****8.75

Street Address (P.O. Box Number is Not Acceptable): 821 Fifth Avenue South

Suite, Apt. #, Etc.: Suite 201

City: Naples | State: FL | Zip Code: 34102

**8.** I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 2/12/02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---|---|---|---|
| P/D | John R. Picciano | 3401 Tamiami Trail North Suite 207 | Naples, Florida 34103 |
| S/T/D | Michael P. Donlevy | 3401 Tamiami Trail North Suite 207 | Naples, Florida 34103 |
| D | Robert M. Cohen | 3401 Tamiami Trail North Suite 207 | Naples, Florida 34103 |
| | | | |
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| | | | |

**10.** 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:** _____ 2/12/2002 (941) 263-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
John R. Picciano, President