

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 FEB 21 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000039796

1. Corporation Name

Rehabilitation Centers of Florida, Inc.

2. Principal Office Address

17551 2nd Street E

Suite, Apt. #, etc.

City & State

Redington Shores, Florida

Zip

33708

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

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

4/20/00

5. FEI Number

59-3658347

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

900012971359
02/21/03--01106--010 **1058.75

REINSTATEMENT

01-03

7. Name and Address of Current Registered Agent

Name

Kirk Evenstad

Street Address (P.O. Box Number is Not Acceptable)

17551 2nd Street E

Suite, Apt. #, Etc.

City

Redington Shores

State

FL

Zip Code

33708

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

REGISTERED AGENT MUST SIGN

Date 2/12/03

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
D	Kirk Evenstad	17551 2nd Street E	Redington Shores, FL 33708

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kirk Evenstad

2/12/03

Date

727-406-8643

Daytime Phone #

CR2E081 (10/02)

2/24