

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **509467**

1. Corporation Name

REHABILITATION ASSOCIATES OF TAMPA, INC.

d/b/a JAMES A. WATSON & ASSOCIATES

2. Principal Office Address

104 E. Reynolds Street

3. Mailing Office Address

5501 N. Bailey Road

Suite, Apt. #, etc.

Ste. 206

Suite, Apt. #, etc.

City & State

Plant City, Florida

City & State

Plant City, Florida

Zip

33566

Country

Hillsborough

Zip

33565

Country

Hillsborough

4. Date Incorporated or Qualified
To Do Business in Florida

July 20, 1976

5. FEI Number

59-1675536

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

The Stitzel Law Group

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

Suite, Apt. #, Etc.

City

Plant City

State

FL

Zip Code

33566

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

Veronica P. Stitzel, Attorney
VERONICA P. STITZEL, ATTORNEY

Date

9/21/2000

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	Sally Watson	5501 N. Bailey Road	Plant City, FL 33565
VP	Sally Watson	5501 N. Bailey Road	Plant City, FL 33565
S	Sally Watson	5501 N. Bailey Road	Plant City, FL 33565
T	Sally Watson	5501 N. Bailey Road	Plant City, FL 33565

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:

Sally G. Watson, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/21/00 (813) 707-6622
Daytime Phone #

CR2081 (9/99)