

APPROVED AND

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


02 MAY -9 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/17/02--01001--014
****908.75 ****908.75

REINSTATEMENT 2001-2002

CORPORATION REINSTATEMENT



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

DOCUMENT # 579502
1. Corporation Name
Rehabilitative Associates, Inc.

2. Principal Office Address: The Highlands
910 Ridgebrook Road
Suite, Apt. #, etc.
City & State: Sparks, MD
Zip: 21152 Country: USA

3. Mailing Office Address
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 7/19/78

5. FEI Number: 591832092
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: National Corporate Research, Ltd.
Street Address (P.O. Box Number is Not Acceptable): 1406 Hays Street
Suite, Apt. #, Etc.: Suite #2??
City: Tallahassee State: FL Zip Code: 32301

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: *Harce McKeown* Date: 5/8/02
REGISTERED AGENT MUST SIGN

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
	Please See Attached Addendum		

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: *Mae* Melissa Warlow, Vice President (410) 773-1176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2001 (9/01)

CORPORATE OFFICERS FOR REHABILITATIVE ASSOCIATES, INC.
The Highlands - 910 Ridgebrook Road, Sparks, MD 21152

<u>Officers</u>	<u>Office</u>
John Heller	President
Marc B. Levin	Executive Vice President - Investor Relations; Secretary
Marshall A. Elkins	Executive Vice President and General Counsel; Assistant Secretary
W. Bradley Bennett	Executive Vice President - Chief Financial Officer
John Walton	Executive Vice President
James Santarsiero	Executive Vice President
Edwin Clark	Senior Vice President - Corporate Controller
Ronald L. Lord	Senior Vice President; Associate General Counsel; Assistant Secretary
Mark Fulchino	Senior Vice President - Corporate Tax and Payroll
Matthew Box	Senior Vice President; Treasurer
Sean Nolan	Senior Vice President
Jeanne Phillips	Senior Vice President
Terri Lyon	Senior Vice President
Pam Palinkas	Senior Vice President
Melissa Warlow	Vice President
Kimberly McCarty	Assistant Treasurer
Toni-Jean Lisa	Assistant Secretary
Carolyn Becker	Assistant Secretary

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: Pam
DATE: 5-9-02
REF. #: 0626.
CORP. NAME: Rehabilitative Associates Inc

- ARTICLES OF INCORPORATION
- ARTICLES OF AMENDMENT
- ARTICLES OF DISSOLUTION
- ANNUAL REPORT
- TRADEMARK/SERVICE MARK
- FICTITIOUS NAME
- FOREIGN QUALIFICATION
- LIMITED PARTNERSHIP
- LIMITED LIABILITY
- REINSTATEMENT
- MERGER
- WITHDRAWAL
- CERTIFICATE OF CANCELLATION
- UCC-1
- UCC-3
- OTHER: _____

RECEIVED
02 MAY -9 AM 10:44
DIVISION OF CORPORATION

STATE FEES PREPAID WITH CHECK# _____ FOR \$ 908.75

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$ _____

PLEASE RETURN:

- CERTIFIED COPY
- CERTIFICATE OF GOOD STANDING
- PLAIN STAMPED COPY
- CERTIFICATE OF STATUS

Examiner's Initials