

2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 739546

FILED
Jan 23, 2012
Secretary of State

Entity Name: SPECIAL TRAINING AND REHABILITATION OF CHARLOTTE COUNTY, INC.

Current Principal Place of Business:

525 BOWMAN TERRACE
PORT CHARLOTTE, FL 33953 US

New Principal Place of Business:

Current Mailing Address:

525 BOWMAN TERRACE
PORT CHARLOTTE, FL 33953 US

New Mailing Address:

FEI Number: 59-1805928

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANEUVILLE, BRYAN G.
525 BOWMAN TERRACE
PORT CHARLOTTE, FL 33953 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BRYAN G. LANEUVILLE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CTR
Name: EXTEJT, GENE
Address: 4430 HARBOR BLVD
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: PCEO
Name: LANEUVILLE, BRYAN G.
Address: 525 BOWMAN TERRACE
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: VTR
Name: HULL, ROBERT
Address: 2152 NUREMBERG BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33982

Title: STTR
Name: SCHMITH, RICHARD
Address: 281 GINGER STREET
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: TR
Name: LEONARD, JEFFREY
Address: 26092 WATERFOWL LANE
City-St-Zip: PORT CHARLOTTE, FL 33983

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRYAN G. LANEUVILLE

PCEO

01/23/2012

Electronic Signature of Signing Officer or Director

Date