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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

DOCUMENT # F00000005528

1. Corporation Name

Gulf Coast Rehab Equipment, Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address c/o Custom Healthcare, Inc. Att: Mike Callahan	
2821 Copter Rd		314 West Main Street	
Suite, Apt. #, etc. Suite 100		Suite, Apt. #, etc.	
City & State Pensacola, FL		City & State Thibodaux / LA	
Zip 72514	Country Escambia	Zip 70301	Country Lafourche

4. Date Incorporated or Qualified To Do Business in Florida: 10/03/2000

5. FEI Number: 364391413 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑

7. Name and Address of Current Registered Agent

Name: Brandy Hankins

Street Address (P.O. Box Number is Not Acceptable): 2821 Copter Rd

Suite, Apt. #, Etc.: Suite 100

City: Pensacola State: FL Zip Code: 32514

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Brandy Hankins Date: 4/26/07
(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
President	Ronald Folse	925 Marlene Dr.	Gretna / LA / 70056
Vice Pres.	Joel Massey	6036 Hibiscus Dr.	Baton Rouge / LA / 70808
Vice Pres.	Jerry Bayles	305 Corinthian Place	Destin / FL / 32541
Sec/Treas	William Davis	214 Megan Lane	Slidell / LA / 70458
VP	Michael E. Callahan	208 Bayou Lane	Thibodaux / LA / 70301

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 contained in Chapter 119, F.S. The information indicated on the application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Mike Callahan MICHAEL E. CALLAHAN 4/26/07 985-448-0464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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B. Mitchell APR 30 2007

Florida Department of State
Division of Corporations
Public Access System

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PLEASE GIVE ORIGINAL SUBMISSION DATE AS FILE DATE.

From:
Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

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CORPORATION REINSTATEMENT

GULF COAST REHAB EQUIPMENT, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
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