

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

10 MAY -5 AM 7:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F 000000 5528

1. Corporation Name

Gulf Coast Rehab Equipment, Inc.

400180296664  
05/04/10--01055--028 \*\*450.00

2. Principal Office Address - No P.O. Box #

2821 Copter Rd.

3. Mailing Office Address

c/o Custom Healthcare, Inc.

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

314 West Main Street

City & State

Pensacola, FL

City & State

Thibodaux, LA

Zip

72514

County

Escambia

Zip

70301

County

La Fourche

**REINSTATEMENT**

CR2E081 (4/10)

4. Date Incorporated or Qualified To Do Business in Florida

10/03/2006

5. FEI Number

36 4391413

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation Systems

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

1200 South Pine Island Rd

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

**PROFIT CORPORATIONS ONLY**

The \$800.00 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

*Jayna Nickoll* Jayna Nickoll ASST SEC  
REGISTERED AGENT MUST SIGN

Date 4/28/10

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officer and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Ronald Faise	925 Marlene Dr.	Gretna / LA / 70056
VP	Joel Massary	6036 Hibiscus Dr	Baton Rouge / LA / 70808
VP	Jerry Bayles	2310 Jasmine St.	Munroe / LA / 71291-4126
Secretary	William Davis	214 Megan Lane	Slidell / LA / 70458
VP	Mike E. Callahan	120 Godchaux Dr	Thibodaux / LA / 70301
VP	James Hartman	33572 Boardwalk Dr.	Spanish Ft / AL / 36527

10. E-mail Address: mcallahan@custom-healthcare.com  
(To be used for future annual report notifications)

11. 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. I further certify 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:

*Mike Callahan*

4/29/10 985-448-0464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**RH**