

F04000005682

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H04000198571 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
FAX Number : (850)205-0383

From:

Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
Fax Number : (608)827-5501

RECEIVED
04 OCT -5 PM 12:25
FAXED TO DIVISION OF CORPORATIONS
FAXED TO PUBLIC ACCESS SYSTEM

FOREIGN PROFIT QUALIFICATION

Pro-Rehab Construction, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing

Public Access Help

04 OCT -5 PM 12:48

OCT-05-2004 10:58

P. 03/04

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Pro-Rehab Construction, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. North Carolina

(State or country under the law of which it is incorporated)

3.

050583199

(FBI number, if applicable)

4. 8/27/03

(Date of incorporation)

5.

Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon qualification

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.151, F.S.)

7. 1623 NC Hwy. 801 North, Mocksville, North Carolina 27028

(Principal office address)

1623 NC Hwy. 801 North, Mocksville, North Carolina 27028

(Current mailing address)

8. Underground utilities.

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: Business Filings Incorporated

Office Address: 660 East Jefferson Street

Tallahassee

(City)

Florida 32301

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

7604000 198 5713

04 OCT -5
10048

OCT-05-2004 10:59

P. 04/04

1704005 1785 113

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Roy W. Smith, Sr.Address: 1623 NC Hwy. 801 North, Mocksville, North Carolina 27028

Director: _____

Address: _____

B. OFFICERSPresident: Shirley A. SmithAddress: 1623 NC Hwy. 801 North, Mocksville, North Carolina 27028Vice President: Roy W. Smith, Sr.Address: 1623 NC Hwy. 801 North, Mocksville, North Carolina 27028

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.13. Shirley A. Smith, Pres
(Signature of Director or Officer listed in number 12 of the application)14. Shirley A. Smith, President
(Typed or printed name and capacity of person signing application)04607-5
702:48
84205-5-1094

1704005 1785 713

TOTAL P. 04



State of North Carolina

Department of The Secretary of State

CERTIFICATE OF EXISTENCE

I, **ELAINE F. MARSHALL**, Secretary of State of the State of North Carolina, do hereby certify that

PRO-REHAB CONSTRUCTION, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 27th day of August, 2003, with its period of duration being .

I **FURTHER** certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State, if applicable; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 4th day of October, 2004.

Elaine F. Marshall

Secretary of State

Handwritten: H4 m 1985 713