PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 FEB 17 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900194833969
02/17/11--01031--006 **1350.00

CR2E081 (11/09)

DOCUMENT # F06000001705

1. Corporation Name

REHAB ENGINEERING PC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
401 E FOURTH ST	401 E FOURTH ST
Suite, Apt #, etc: STE 201	Suite, Apt. #, etc: STE 201
City & State: WINSTON-SALEM NC	City & State: WINSTON-SALEM NC
Zip: 27101 Country: USA	Zip: 27101 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: MAR 16, 2006

5. FEI Number: 51-0562186 ☐ 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: CAPITAL CONNECTION INC

Street Address (P.O. Box Number is Not Acceptable): 417 E VIRGINIA STREET

Suite, Apt. #, Etc.: STE 1

City: TALLAHASSEE State: FL Zip Code: 32301

☐ 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: _____ Date: 2/17/11

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
D/PT	CHARLES EDWARD LIPSKY	401 E FOURTH ST STE 201	WINSTON-SALEM, NC 27101
D/VPS	DOLAN FLAY BLALOCK	401 E FOURTH ST STE 201	WINSTON-SALEM, NC 27101

REINSTATEMENT
07-11

10. **E-mail Address:** CAROL@REHABBUILDERS.COM
(To be used for future annual report notification)

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: _____ D FLAY BLALOCK, VP 2/15/~~2010~~ 2011 336-714-8935

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

REHAB ENGINEERING, PC

CAROL@REHABBUILDERS.COM

Signature

Requested by: SN. 2/17/11 a.m.

Name Date Time

Walk-In _____ Will Pick Up _____

174 Ponder's Printing - Thomasville, GA 8/00

____ Art of Inc. File_____

____ LTD Partnership File_____

____ Foreign Corp. File_____

____ L.C. File_____

____ Fictitious Name File_____

____ Trade/Service Mark_____

____ Merger File_____

____ Art. of Amend. File_____

____ RA Resignation_____

____ Dissolution / Withdrawal_____

✓ Annual Report / Reinstatement_____

____ Cert. Copy_____

____ Photo Copy_____

____ Certificate of Good Standing_____

____ Certificate of Status_____

____ Certificate of Fictitious Name_____

____ Corp Record Search_____

____ Officer Search_____

____ Fictitious Search_____

____ Fictitious Owner Search_____

____ Vehicle Search_____

____ Driving Record_____

____ UCC 1 or 3 File_____

____ UCC 11 Search_____

____ UCC 11 Retrieval_____

____ Courier_____