

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 NOV -6 AM 10:00

DOCUMENT #F55527

1. Corporation Name

Island Rehabilitation & Fitness Center Inc.

000162573960
11/06/09--01043--007 **300.00

KS

REINSTATEMENT 08-09

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

19 Bald Eagle Drive

Suite, Apt. #, etc.

Suite F

City & State

Marco Island, Florida

Zip Country
34145 USA

3. Mailing Office Address

19 Bald Eagle Drive

Suite, Apt. #, etc.

Suite F

City & State

Marco Island, Florida

Zip Country
34145 USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/2006

5. FEI Number

59-2144382

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

C. K. Fernando

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

8840 Mariposa Court

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34113



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 section 617.0503, F.S.

Signature of
Registered Agent

C. K. Fernando

Date 11/04/2009

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
P/N/S/T	C. K. Fernando	8840 Mariposa Court	Naples, Florida 34113

10. E-mail Address: islandrehabctr@aol.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 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:

C. K. Fernando

C. K. Fernando

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/04/2009 (239)394.4135

Date

Daytime Phone#