

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F91496

1. Corporation Name -

EVERETT REHABILITATION SERVICES, INC.

Principal Place of Business

3003 S CONGRESS AVE
SUITE 2B
PALM SPRINGS FL 33461
US

Mailing Address

2833 EXCHANGE COURT
P. O. BOX 17270
W PALM BEACH FL 33416
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/21/1982

5. FEI Number

59-2202028

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	EVERETT, DAVID BAIRD	30 HARBOR DR	LAKE WORTH FL 33460

900008635649

10/28/02--01112--019 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EVERETT, DAVID BAIRD
3003 S CONGRESS AVE.
SUITE 2B
PALM SPRINGS FL 33461

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/23/02

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

EVERETT REHABILITATION SERVICES, INC.

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Mailing Address:

P.O. Box 17270
West Palm Beach, FL 33416

Office Location:

3003 South Congress Ave.
Palm Springs, Florida

Phone and fax 561-434-2555

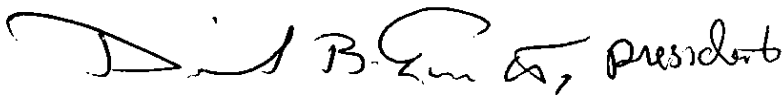
October 23, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it May Concern,

Enclosed please find the completed application for reinstatement, a check in the amount of 150 dollars for the filing fee and this letter indicating that Everett Rehabilitation Services, Inc. had not received the two prior uniform business report (UBR) notices. If you require additional information please contact me.

Sincerely,

A handwritten signature in cursive script, appearing to read "David B. Everett", followed by the word "president" written in a similar cursive style.

David B. Everett, M.S., C.D.M.S., C.V.E.
President, Everett Rehabilitation Services, Inc.