

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC -8 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000004341

1. Corporation Name

In-House Rehab, Inc.

Principal Place of Business

Mailing Address

325 W. Main ST
Suite 1400B
Louisville, Ky. 40202

REINSTATEMENT

98

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

4. Date Incorporated or Qualified
To Do Business in Florida

9/06/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

61-1272771

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CEO/Dir	David V. Hall	325 W. Main ST. Suite 1400B	Louisville, Ky. 40202
CFO/Dir	Robert J. Babine	325 W. Main ST. Suite 1400B	Louisville, Ky. 40202
V.P. Sec	Michael J. Kitchen	325 W. Main ST. Suite 1400B	Louisville, Ky. 40202
Asst Sec	Nicole D. Perry	325 W. Main ST. Suite 1400B	Louisville, Ky. 40202
Dir.	Bert Brieden	6100 Dutchman's Lane	Louisville, Ky. 40205
Dir.	Timothy Craven	168 Totem Road	Louisville, Ky. 40205

8. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Road.
Plantation, FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

500002708335--6

12/10/98 01008 011

****750.00 ****750.00

FL

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.

Signature of
Registered Agent

Connie Bryan

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date

12/8/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒

No ☐

(See other side for information
on intangible tax.)

12. 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:

Michael J. Kitchen, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/98
Date

502 568 8923
Daytime Phone #

CR20040 (1/98)