		PLEASE READ	ALL INST	RUCTIONS	BEFORE C	OMPLETI	NG THIS FOF	RM.	
غ.	PLICAT JEQR ISTATE	TION	FLORIDA	A DEPARTMENT OF STATE Katherine Harris Secretary of State MINION OF CORPORATIONS			SECRETARY OF ALLAHASSEE.F		
DOCUMENT # F9500005017 1. Corporation Name						01 NOV -5 AM 10: 13			
REGENCY REHABILITATION ASSOCIATES, INC.									
Principal Place of Business Mailing Addr 10320 WATTERSON TR PO BOX 998 JEFFERSONTOWN KY 40299 JEFFERSONT						######################################			
		incorrect in any way, line thr Address, If Applicable		nformation and enter o		4. Date Incorpor	orated or Qualified	NT O	
Suite, Apt. #, etc. Suite, Apt City & State City & Sta						5. FEI Number		10/16/1995 Applied For Not Applicable	
Zip Country			Zip Country			6. CERTIFICATE	OF STATUS DESIRED.	\$8.75 Additional Fee required for a Certificate of Status	
7. Names : Title(s)	and Street Ad	dresses of Each Officer and/ Name of Officers and/or Directors	rida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director			City / State / Zip			
DCP	GHAMMACHI, GABE			10706 HELMSDALE LN			LOUISVILLE KY 40243		
						70	0004698 -11/29/81 ****750.0	32875 01048-012 0 ****750.00	
-		· .							
					This is T	Re Sam	name, we a	ire just chaying	
6940 PAN AMERICAN DR N PORT FL 34287-3499 Str						9. Name and Address of New Registered Agent F BY REGENCY REHAB Idress (P.O. Box Number is Not Acceptable) It **, Etc. State Zip Code			
0. I, being Signature o Registered	f c		TURE	pration, am familiar with the second	h and accept the ol	HAKLOUE bligations of Section		FL 33952	

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:



Daytime Phone #