

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # F96000006342

1. Corporation Name

REHAB ASSOCIATES, INC.

Principal Place of Business

**207 INTERSTATE PARK DRIVE
MONTGOMERY AL 36109**

Mailing Address

**207 INTERSTATE PARK DRIVE
MONTGOMERY AL 36109**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/04/1996

5. FEI Number

63-0856368

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)

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
Chairman of the Bd.	Rocky Barnes	207 INTERSTATE PARK DRIVE	MONTGOMERY AL 36109
Dir.	James A. Cox, Jr.	207 INTERSTATE PARK DRIVE	MONTGOMERY AL 36109
CEO, VP & Sec.	Rocky Barnes	207 INTERSTATE PARK DRIVE	MONTGOMERY AL 36109
COO, Pres. & Treas.	James A. Cox, Jr.	207 Interstate Park Drive	Montgomery, AL 36109

REINSTATEMENT

97 12-24-97

8. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

9. Name and Address of New Registered Agent

Name 400002385074--2		
Street Address (P.O. Box Number is Not Acceptable) 12/23/97-01133-000		
Suite, Apt. #, Etc. ***750.00 ***750.00		
City	State FL	Zip Code

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**

Date

12-24-97

REGISTERED AGENT MUST SIGN

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:

X Rocky Barnes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/97
Date

(334) 272-8255
Daytime Phone #