

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
&
AND
FILED

99 DEC 29 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000006210

1. Corporation Name

COMMUNITY REHAB CENTERS OF MASSACHUSETTS, INC.

Principal Place of Business

Mailing Address

20 BURLINGTON MALL RD.
BURLINGTON MA 01803

20 BURLINGTON MALL RD.
BURLINGTON MA 01803



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

11/10/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

04-3428648

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

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	4 City / State / Zip
CPT	FLEMING, JOSEPH P JR.	20 BURLINGTON MALL RD.	BURLINGTON MA 01803
V	PLINER, DAVID A	20 BURLINGTON MALL RD.	BURLINGTON MA 01803
S	WESTRA, JAMES JEFFREY LUBER	101 FEDERAL ST. 20 BURLINGTON MALL RD	BOSTON MA 02110 BURLINGTON MA 01803

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

Name: -01/12/00--01005--002
Street Address (P.O. Box Number is Not Acceptable): ***750.00 ***750.00
Suite, Apt. #, Etc.:
City: State: **FL** Zip Code:

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

Signature of Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

SPECIAL ASSISTANT SECRETARY

Date

12/28/99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/99

Date

Daytime Phone #

SIGNATURE REQUIRED

SIGNATURE