

**APPLICATION
FOR
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 20 PM 3:14

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



4. Date Incorporated or Qualified To Do Business in Florida

11/10/1998

5. FEI Number

04-3428648

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	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	LUBER, JEFFREY	20 BURLINGTON MALL RD.	BURLINGTON MA 01803

800003455418--0
-11/07/00--D1087--002
***750.00 ***750.00

10/10/31

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
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
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

Amy Berlete

AMY BERLETETTI

Date 10/19/00

REGISTERED AGENT MUST SIGN SPECIAL ASSISTANT SECRETARY

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-1800

Date

781-289-1877

Daytime Phone #