

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JAN 22 AM 8:00

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 198000006978  
1. Corporation Name  
REHAB MEDICAL CLINIC OF ORANGE PARK, INC.

**REINSTATEMENT** 99-04

800027376768  
01/22/04--01007--012 \*\*908.75

2. Principal Office Address  
2037 S.R. 60 EAST  
Suite, Apt. #, etc.  
City & State  
LAKE WALES, FL.  
Zip  
33898 Country  
U.S.

3. Mailing Office Address  
2037 S.R. 60 EAST  
Suite, Apt. #, etc.  
City & State  
LAKE WALES, FL.  
Zip  
33898 Country  
U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida 12/22/98

5. FEI Number  
59-3504601 Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
MOISES KABA J.R.

Street Address (P.O. Box Number is Not Acceptable)  
19402 N.W. 82 CT.

Suite, Apt. #, Etc.

City  
MIAMI State  
FL Zip Code  
33015

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent Moises Kaba Date 1/6/04  
REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MOISES KABA J.R.	19402 N.W. 82 CT.	MIAMI, FL. 33015
V.P.	LUIS M. DULUC	2716 CAMBRIDGE AVE.	LAKELAND, FL 33803
S	MOISES KABA J.R.	19402 N.W. 82 CT.	MIAMI, FL. 33015
T	LUIS M. DULUC	2716 CAMBRIDGE AVE.	LAKELAND, FL. 33803

10. 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: Moises Kaba PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/04 (863) 773-6809  
Date Daytime Phone #

CR2E081 (10/02)

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**REHAB MEDICAL CLINIC OF ORANGE  
PARK, INC.**

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January 14, 2004

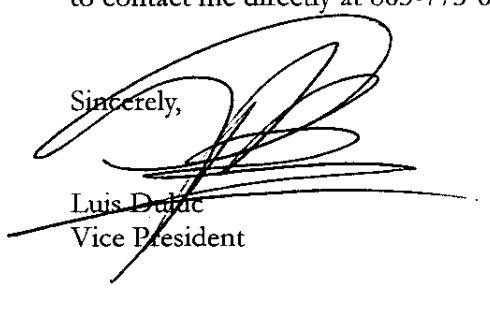
Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Dear Sir or Madam:

Attached please find an application for reinstatement of Rehab Medical Clinic of Orange Park, Inc. along with the annual fee of \$900.00 for the years 1999, 2000, 2001, 2002, 2003 and 2004 and a Certificate of Status fee of \$8.75. The corporation was purchased from Mr. Joseph Kaplan and the annual reports were never received by our organization. We would like the corporation to be reinstated to be in good standing and respectfully request that the reinstatement fee be waived due to the fact that we did not receive the annual reports.

Thank you for your consideration in this matter. If you have any further questions, please do not hesitate to contact me directly at 863-773-6809.

Sincerely,



Luis Delfino  
Vice President