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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 JUL 15 PM 12:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** F99000002831

1. Corporation Name

National Rehab Partners, Inc.

2. Principal Office Address

151 Red Stone Ave., S.E.

Suite, Apt. #, etc.

City & State

Crestview, FL

Zip  
32539

Country  
U.S.A.

3. Mailing Office Address

115 East Park Drive

Suite, Apt. #, etc.

Suite 150

City & State

Brentwood, TN

Zip  
37027

Country  
U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

2/26/98

5. FEI Number

62-1732653

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

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

10000640697

REINSTATEMENT 01-02

State  
FL

Zip Code  
32301

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

*Deborah D. Skipper*

**Deborah D. Skipper**  
Asst. V. Pres.

Date

7/5/02

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
C/P/CEO/D	John Allan Hawes	115 E. Park Drive, Ste. 150	Brentwood, TN 37027
S/GC/EVP	Robert A. Metry	115 E. Park Drive, Ste. 150	Brentwood, TN 37027
D	Paul H. Cascio	20600 Chagrin Blvd. Ste. 1150	Cleveland, OH 44122
D	Kevin J. Cook	20600 Chagrin Blvd. Ste. 1150	Cleveland, OH 44122
D	Charles F. Daniel, Jr.	208 N. Garnett St., Ste. A	Henderson, NC 27536
	See Attached List		

10. I certify that I am an officer or director of 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:

*Robert A. Metry*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/02

Date

(615)369-2541

Daytime Phone #

CR2E081 (9/01)

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Michael H. Thomas	Director
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Stonehenge Financial Holdings, Inc.  
191 West Nationwide Boulevard  
Suite 600  
Columbus, OH 43215

Samual C. Yeager	Director
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624 Grassmere Park Drive, Suite 10  
Nashville, TN 37211

PAYC303



ACCOUNT NO. : 072100000032

REFERENCE : 661014 9215A

AUTHORIZATION : *Patricia Pijoto*

COST LIMIT : \$ 900.00

ORDER DATE : July 12, 2002

ORDER TIME : 10:17 AM

ORDER NO. : 661014-005

CUSTOMER NO: 9215A

CUSTOMER: Ms. Tina Fisher  
National Rehab Partners Inc.  
Suite 150  
115 East Park Drive  
Brentwood, TN 37027

RECEIVED  
02 JUL 15 AM 11:47  
DEPARTMENT OF STATE  
DIVISION OF CERTIFICATES  
TAL LAMASSE, FLEMMING

REINSTATEMENT

NAME: NATIONAL REHAB PARTNERS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward, Ext. 1135

EXAMINER'S INITIALS \_\_\_\_\_