PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV 15 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G54257

1. Corporation Name

CENTRAL FLORIDA CLINIC FOR REHABILITATION, INC.

Principal Place of Business	Mailing Address
1570 N. MEADOWCREST BLVD CRYSTAL RIVER FL 34429 US	1570 N. MEADOWCREST BLVD. CRYSTAL RIVER FL 34429 US

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: 08/09/1983

5. FEI Number: 59-2320379 ☐ 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
PD	BROWN, MADELINE	1570 N. MEADOWCREST BLVD.	CRYSTAL RIVER FL
D	BROWN, CHRISTOPHER S.	1570 N. MEADOWCREST BLVD.	LECANTO FL

100009033431
11/15/02--01097--016 **150.00

8. Name and Address of Current Registered Agent

BROWN, MADELINE G.
1570 N. MEADOWCREST BLVD.
CRYSTAL RIVER FL 34429

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: Madeline Brown Date: 11-13-02
REGISTERED AGENT MUST SIGN

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: Madeline Brown 11-13-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Central Florida Clinic for Rehabilitation

PHYSICAL THERAPY ◆ OCCUPATIONAL THERAPY ◆ SPEECH THERAPY

November 13, 2002

DIVISIONS OF CORPORATIONS
REINSTATEMENT SECTION
PO BOX 6327
TALLAHASSEE FL 32314-6327

Dear Sirs:

Attached please find the application for reinstatement, document G54257.

We did not receive either UBR notice as described in the "Important Facts" section. We are requesting to be reinstated without penalty. Also attached, please find our check for $150.00 as a for-profit corporation registration fee.

If you have any questions, please call me at (352) 795-4114. Thank you for your assistance.

Sincerely,

Madeline Brown

Madeline Brown
President, Director

1570 N. Meadowcrest Blvd. ◆ Crystal River, FL 34429 ◆ (352) 795-4114 ◆ Fax (352) 563-2438