

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING **APPROVED AND FILED**

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthart
Secretary of State
DIVISION OF CORPORATIONS

1996 OCT 31 PM 4:03

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L32954

1. Corporation Name

WEST COAST REHABILITATION CENTER, INC.

Principal Place of Business

Mailing Address

% ORLANDO A. DORIA, M.D.
2400 HARBOR BLVD., SUITE 8
PT. CHARLOTTE FL 33682

% ORLANDO A. DORIA, M.D.
2400 HARBOR BLVD., SUITE 8
PT. CHARLOTTE FL 33682

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

11/27/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1785915

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	DORIA, ORLANDO A., M.D.	23059 PERU AVENUE	PT. CHARLOTTE FL
ST	DORIA, EMERATRIZ	23059 PERU AVENUE	PT. CHARLOTTE FL

000001998590--2
-11/07/96-01020-005
***375.00 ***375.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DORIA, ORLANDO, A., M.D.
2400 HARBOR BLVD.
SUITE #1
PT. CHARLOTTE FL 33682

Name

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

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 obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REQUIRED
REGISTERED AGENT MUST SIGN

Date **10-15-96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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]
REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-96
Date

Daytime Phone #

CR22040 (7/95)