

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**CORPORATION  
REINSTATEMENT**

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

FILED

00 SEP 26 AM 11:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L49453

1. Corporation Name

PREMIER REHABILITATION SERVICES, INC.

*[Handwritten initials]*

700003417967--4  
-10/09/00--01007--017  
\*\*\*\*300.00 \*\*\*\*300.00

2. Principal Office Address

7901 MANOR FOREST LANE  
Suite, Apt. #, etc.

3. Mailing Office Address

7901 MANOR FOREST LANE  
Suite, Apt. #, etc.

**REINSTATEMENT 99-00**

City & State

Boynton Beach, FL

City & State

Boynton Beach, FL

Zip

33436

Country

USA

Zip

33436

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

02-07-1990

5. FEI Number

65-0173859

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

JOAN R. D'AGOSTINO

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

7539 GREENLAKE WAY - F

Suite, Apt. #, Etc.

City

BOYNTON BEACH

State

FL

Zip Code

33436

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

*[Signature]* R D'Agostino  
REGISTERED AGENT MUST SIGN

Date

9-6-2000

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
VSD	D'AGOSTINO, JOAN R.	7901 MANOR FOREST LANE	BOYNTON BEACH, FL 33436
P-T	D'AGOSTINO, JOAN R.	7901 MANOR FOREST LANE	BOYNTON BEACH, FL 33436
D	D'AGOSTINO, JOAN R.	7901 MANOR FOREST LANE	BOYNTON BEACH, FL 33436

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

*[Signature]* R D'Agostino JOAN R. D'AGOSTINO

Date

9-6-2000

Daytime Phone #

561-641-0276

CR2E081 (9/99)