

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 APR 23 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 65234

1. Corporation Name

TOTAL Rehabilitative Services of Pinellas
County, Inc.

2. Principal Office Address

2667 Aspen Court
Suite, Apt. #, etc.

3. Mailing Office Address

2667 Aspen Court
Suite, Apt. #, etc.

City & State

Palm Harbor, FL
Zip 34684 Country USA

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Palm Harbor, FL
Zip 34684 Country USA

REINSTATEMENT 09-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/13/1990 SP

5. FEI Number

59-3000593

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

Kim Torasso

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

2667 Aspen Court

Suite, Apt. #, Etc.

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-05/10/01--01017--017

***1050.00 ***1050.00

City

Palm Harbor

State
FL

Zip Code

34684

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

Kim Torasso

REGISTERED AGENT MUST SIGN

Date 4/20/01

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
PTSD	Kim Torasso	2667 Aspen Court	Palm Harbor, FL 34684

CR2E081 (9/00)

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:

Kim Torasso / Kim Torasso President

Date 4/20/01

727-469-8157
Daytime Phone #