

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

99 NOV 18 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L92693

1. Corporation Name

Advanced Rehab Center, Inc.

Principal Place of Business

130 New Berlin Road
Jacksonville, FL 32218

Mailing Address

P.O. Box 550
Jacksonville, FL 32255

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

7/30/90

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3026127

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	Renee Namen	130 New Berlin Road	Jacksonville, FL 32218

REINSTATEMENT

800003052288--4
11/23/99-01005-021
****750.00 ****750.00

8. Name and Address of Current Registered Agent

Renee Namen
130 New Berlin Road
Jacksonville, FL 32218

9. Name and Address of New Registered Agent

Name
Intrastate Registered Agent Corporation
Street Address (P.O. Box Number is Not Acceptable)
701 Brickell Avenue, Suite 3000
Suite, Apt. #, Etc.
Suite 3000
City
Miami
State
FL
Zip Code
33131

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 *Renee Namen* Vice President
REGISTERED AGENT MUST SIGN

Date

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other state tax 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Renee Namen, President

Date

Daytime Phone #

10-28-99

904 280-8348