

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 JUL 28 AM 11:29

DOCUMENT # M51388

1. Corporation Name

AMERICAN REHAB CORPORATION
4800 SW 196 LANE
750 SE 3RD AVENUE
DAVIE, FL 33332

*CHANGE OF ADDRESS

2. Principal Office Address

1655 W SUNTURF STREET

3. Mailing Office Address

PO BOX 1930

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LECANTO, FL

City & State

LECANTO, FL

Zip

34461

Country

CITRIS

Zip

34461

Country

CITRIS

REINSTATEMENT 03-05

**4. Date Incorporated or Qualified
To Do Business in Florida** 05/04/97

5. FEI Number
59-2817675

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

ALEX CHOTO

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

1655 W SUNTURF STREET

Suite, Apt. #, Etc.

City

LECANTO

State

FL

Zip Code

34461

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

Alex Choto

Date 07/27/05

REGISTERED AGENT MUST SIGN

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
PRES	ALEX CHOTO	1655 W SUNTURF STREET	LECANTO, FL 34461

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:

Alex Choto

07/27/05

954-434-2306

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)