

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 14 AM 11:02

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **N00000007162**

1. Corporation Name

**THE CENTER FOR CANCER REHABILITATION, INC.**

**REINSTATEMENT** 03



900023783229  
10/14/03--01020--015 \*\*61.25

Principal Place of Business

Mailing Address

2617 N FLAGLER DRIVE SUITE 112  
WEST PALM BEACH FL 33407

2617 N FLAGLER DRIVE SUITE 112  
WEST PALM BEACH FL 33407

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

10/24/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1050110

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	4 City / State / Zip
D	KUNKEL, KEVIN	2617 N FLAGLER DRIVE SUITE 112	WEST PALM BEACH FL 33407
D	KUNKEL, SUSAN	2617 N FLAGLER DRIVE SUITE 112	WEST PALM BEACH FL 33407
D	SOTILLO, DONNA	2617 N FLAGLER DRIVE SUITE 112	WEST PALM BEACH FL 33407

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATE CREATIONS NETWORK INC.  
941 FOURTH STREET #200  
MIAMI BEACH FL 33139

Name Corporate Creations Network, Inc.  
Street Address (P.O. Box Number is Not Acceptable)  
11380 Prosperity Farms Road #221E  
Suite, Apt. #, Etc.  
City Palm Beach Gardens State FL Zip Code 33410

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. or 617.0505, F.S.

Signature of  
Registered Agent

K. SARRIA  
VP, Corporate Creations

REGISTERED AGENT MUST SIGN

Date 10/10/03

11. 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:

Kevin Kunkel  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/10/03 561 853-8222

CR2E040 (7/03)



## Center for Cancer Rehabilitation

October 8, 2003

Dear Sir or Madam:

This letter is to state that I did not receive the notices for corporate reports that were told to me to have been sent out three times during the year. I am the one who opens all my mail and my administrator reviews all incoming mail and requests for licensure and governmental requests. I would have responded immediately as I always do to licensure and corporate reports.

I respectfully request waiving of the fees for the reinstatement of the company into active status. I have always been diligent in maintaining records for my corporations. I have enclosed the fee for reinstatement of \$160 but would hope that it would be waived.

Sincerely,

*6125 Not Profit*  
  
Kevin Kunkel  
President  
The Center For Cancer Rehabilitation