

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 DEC -5 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000006434

1. Corporation Name

**CLEVELAND CLINIC FLORIDA HOSPITAL COMPREHENSIVE
OUTPATIENT REHABILITATION FACILITY INCORPORATED**

Principal Place of Business

5200 N.W. 33RD AVENUE
SUITE 109
FORT LAUDERDALE FL 33309

Mailing Address

5200 N.W. 33RD AVENUE
SUITE 109
FORT LAUDERDALE FL 33309



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/17/1996

5. FEI Number

65-0713791

Applied For

Not Applicable

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
D	GOENSEK, MARGARET	3000 W. CYPRESS CREEK ROAD	FORT LAUDERDALE FL 33309
D	HARRINGTON, DANIEL J	9500 EUCLID AVENUE	CLEVELAND OH 44195
D	HENTERLY, KAREN	9555 ROCKSIDE ROAD, SUITE 300	VALLEY VIEW OH 44125
D	MIXON, A. MALACHI III	9500 EUCLID AVENUE	CLEVELAND OH 44195
D	MOON, HARRY M.D.	3000 W. CYPRESS CREEK ROAD	FORT LAUDERDALE FL 33309

REINSTATEMENT

A. Alan
12/5/97

8. Name and Address of Current Registered Agent

ANDREW SERVICE CORPORATION OF FLORIDA
201 SOUTH BISCAYNE BLVD.
SUITE 2900
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

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

800002368768-6

Suite, Apt. #, Etc.

-12/10/97-01103-004

City

***236.25

***236.25

State

Zip Code

FL

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

Clair M. Casey, Asst Secretary
REGISTERED AGENT MUST SIGN

Date

11/17/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for 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:

Karen Henterly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-3-97 (216) 447-8640

CR2040 (8/97)