

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 JAN 14 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000006720

1. Corporation Name

OCCUPATIONAL INJURY PREVENTION AND REHABILITATION SOCIETY-FLORIDA, INC.

Principal Place of Business

Mailing Address

8704-BOURGADE ROAD
LENEKA KS 66219

8704-BOURGADE ROAD
LENEKA KS 66219



REINSTATEMENT

991-07

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

11/23/1998

1330 S. Sherman

OIPRS
P.O. Box 4625

EL Number

39-1871161

Applied For

Not Applicable

Suite, Apt. #, etc.

Naperville, IL 60567-4625

City & State

Liberal, KS

Zip

Country

67901

Seward

CERTIFICATE OF STATUS DESIRED L

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

700003115057--9

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City, State, Zip
1	2	3	4
D	Co-Chair (Pres) Margot Miller	110105 Carlton Ave	Cloquet, MN 55720
D	Co-Chair (VP) Sam Braddybury	1330 S. Sherman	Liberal, KS 67901
D	Treasurer Sue Brookings	28 W 224 Oswego Rd	Naperville, IL 60567
T	Secretary Carmy Donohue	2692 W Walnut St.	Gurland, TX 75042
			700003115057--9
			-01/28/00--01035--007
			****236.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BOUCHER, ANDRE
8153 SW YACHTSMAN DRIVE
STUART FL 34997

Name

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

Suite, Apt. #, Etc.

City

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

SIGNATURE REQUIRED

Date

11/17/99

REGISTERED AGENT MUST SIGN

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/99

Date

800-957-8885

Daytime Phone #