

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JUL 12 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 99000001516

1. Corporation Name

Daniels Rehabilitation INC.

2. Principal Office Address

578 Mango Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 9522

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33415

Country

U.S.

City & State

Riviera Beach, FL

Zip

33419

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

3/98

5. FEI Number

65-0909750

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$2.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Angelyn Wilcox

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

578 Mango Dr.

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33415

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

Angelyn Wilcox

REGISTERED AGENT MUST SIGN

Date

5-14-01

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
President	Beauford Daniels	920 9th St.	Riviera Beach, FL 33404
Secretary	Angelyn Wilcox	578 Mango Dr.	West Palm Beach, FL 33415
Treasurer	Harmony Harley	1600 W. 35th St.	Riviera Beach, FL 33404

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:

Angelyn Wilcox

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-14-01 (561) 687-4128

Daytime Phone #

CR2E081 (9/00)