

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY -8 AM 10: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000001516

1. Corporation Name

Daniels Rehabilitation Inc.,

2. Principal Office Address - No P.O. Box #

13618 Yarmouth Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Wellington, FL

City & State

Zip

33414

Country

U.S.A

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

March, 1999

5. FEI Number

65-0909750

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

Angelyn Wilcox

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

13618 Yarmouth Ct.

Suite, Apt. #, Etc.

City

Wellington,

State

FL

Zip Code

33414

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date 4-19-07

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
President	Beauford Daniels	13618 Yarmouth Ct.	Wellington, FL 33414
Treasurer	Harmony Hurley	1240 W. 23rd Street	Riviera Beach, FL 33404
Vice Pres. Secretary	Angelyn Wilcox	13618 Yarmouth Ct.	Wellington, FL 33414

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 contained in Chapter 119, 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

4-19-07

Date

561-753-1635

Daytime Phone #

B. March MAY 7 2007

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Dear Division of Corporations,

My name is Angelyn Wilcox and I am writing you in reference to Daniels Rehabilitation Inc., Document # N199000001516 to let you all know that we have not received any correspondence from you about reinstating the business in the past 4 years. So if you could please waive the reinstatement fee for those years we would greatly appreciate it. Enclosed is a money order in the amount of \$8.75 for a certificate of status and a money order in the amount of \$246.00 for the reinstatement ~~fee~~ fee for the past 4 years.

Thank you

Angelyn Wilcox

561-201-2513

or

561-753-1635