

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N99000001516**

1. Corporation Name

Daniels Rehabilitation Inc,

~~610-29990~~

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

13254 79th Ct. No

Suite, Apt. #, etc.

3. Mailing Office Address

13254 79th Ct. No.

Suite, Apt. #, etc.

City & State

West Palm Beach

Zip

33412

Country

U.S.A

City & State

West Palm Beach

Zip

33412

Country

U.S.A

7. Name and Address of Current Registered Agent

Name

Angelyn Yvette Wilcox

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

13254 79th Ct. No

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33412

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

Jun 7, 2010
July 5, 2010

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
Pres.	Beauford Daniels	1100 W. 315th St Riviera Beach, Fl. 33412	Riviera Beach, Fl. 33404
Treas.	Harmony Harley	730 W. Ilex Dr.	Lake Park, Fl. 33403
Sec	Ashley Wilcox	13254 79th Ct. No.	West Palm Beach, Fl.
Vice Pres.	Angelyn Wilcox	13254 79th Ct. No.	West Palm Beach, Fl.
			33412

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 - Angelyn Wilcox

July 5, 2010

561-633-5157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 JUL -8 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300181892633
06/09/10--01039--007 **183.75
300181892633
06/09/10--01039--008 **183.75

REINSTATEMENT 08-10

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

650-0909-750

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

☒ 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.

300181892633
07/09/10--01038--013 **167.00