

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 FEB 18 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000037965

1. Corporation Name Life Care Rehab, Inc.

2. Principal Office Address

3401 Tamiami Trail North

Suite, Apt. #, etc.

Suite 207

City & State

Naples, Florida

Zip

34103

Country

USA

3. Mailing Office Address

3401 Tamiami Trail North

Suite, Apt. #, etc.

Suite 207

City & State

Naples, Florida

Zip

34103

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/14/00

5. FEI Number

59-3720366

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

Jeff M. Novatt, Esq.

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

821 Fifth Avenue South

Suite, Apt. #, Etc.

Suite 201

City

Naples

State

FL

Zip Code

34102

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2/12/02

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
P/D	John R. Picciano	3401 Tamiami Trail North Suite 207	Naples, Florida 34103
S/T/D	Michael P. Donlevy	3401 Tamiami Trail North Suite 207	Naples, Florida 34103
D	Robert M. Cohen	3401 Tamiami Trail North Suite 207	Naples, Florida 34103

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John R. Picciano, President

2/12/2002

Date

(941) 263-9900

Daytime Phone #

CR2E081 (9/01)