

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000039715

1. Corporation Name

Rehab Options, Inc

W07-23351

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

6849 TAFT ST

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood, FL.

City & State

Zip

Country

33024

USA

Zip

Country

7. Name and Address of Current Registered Agent

Name

Sally Conner

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

6849 TAFT ST

Suite, Apt. #, Etc.

+1

City

Hollywood

State

FL

Zip Code

33024

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

Sally C

REGISTERED AGENT MUST SIGN

Date May 1, 2007

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	Sally Conner	6849 TAFT ST, Hollywood FL 33024	Hollywood, FL 33024

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:

Sally C

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 2007

Date

954-647-9993

954-965-9793

Daytime Phone #

FILED

2007 JUL -9 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900106262259
07/17/07--01023--014 **450.00

REINSTATEMENT 05-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

04/20/2000

5. FEI Number

651003229

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.

7/11/07