

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 21 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P000000 72371

1. Corporation Name

Dynamic Rehab Center

2. Principal Office Address

10512 Northcliffe Blvd

Suite, Apt. #, etc.

City & State

Spring Hill, FL

Zip

34608

Country

USA

3. Mailing Office Address

4886 Keysville Ave

Suite, Apt. #, etc.

City & State

Spring Hill FL

Zip

34608

Country

USA

REINSTATEMENT

07-05

4. Date Incorporated or Qualified
To Do Business in Florida

7/26/00

5. FEI Number

59-3663764

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

Kerry FitzGerald

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

4886 Keysville Ave

Suite, Apt. #, Etc.

City

Spring Hill, FL

State

FL

Zip Code

34608

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

Kerry FitzGerald

REGISTERED AGENT MUST SIGN

Date

2/17/05

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	Kerry FitzGerald	4886 Keysville Ave	Spring Hill FL 34608
VP	Mario Anzalone	7384 Royal Oak Dr	Spring Hill, FL 34607
VP	Barbara Davis	8250 W. Vincent Lane	Crystal River FL 34428

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:

Kerry FitzGerald

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/17/05

Daytime Phone #

(352)

263-6227

CRCE081 (01/05)