

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

REINSTATEMENT



Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 24 PM 3:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P0000091835

1. Corporation Name

INTEGRITY REHAB, INC.

Principal Place of Business

1230 W. SORRENTO DRIVE  
DUNNELLON FL 34434

Mailing Address

1230 W. SORRENTO DRIVE  
DUNNELLON FL 34434



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

P.O. Box 771628

3. New Mailing Office Address, If Applicable

P.O. Box 771628

4. Date Incorporated or Qualified To Do Business in Florida

09/26/2000

Suite, Apt. #, etc.

Ocala, FL

Suite, Apt. #, etc.

Ocala, FL

5. FEI Number

65-1046926

Applied For

City & State

34477-1628

City & State

Ocala, FL

Not Applicable

Zip

Country

U.S.A.

Zip

34477-1628

Country

U.S.A.

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	TEAGUE, SHERRY	1230 W. SORRENTO DRIVE	DUNNELLON FL 34434
D	KORNETTI, DIANA	1230 W. SORRENTO DRIVE	DUNNELLON FL 34434

100008575794  
10/24/02--01094--002 \*\*158.75

PR 10/25

8. Name and Address of Current Registered Agent

KORNETTI, DIANA  
1230 W. SORRENTO DRIVE  
DUNNELLON FL 34434

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 10/21/02

11. 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

Date 10/21/02

Date

Daytime Phone #

CR2E040 (8/02)



# Integrity Rehab

Physical Therapy ♦ Occupational Therapy ♦ Speech Therapy ♦ Social Work Services

10/21/02

Jim Smith  
Florida  
Secretary of State

Dear Sir,

Today, I am in receipt of a notice of revocation for my corporation, Integrity Rehab, Inc. I am dumbfounded by this revocation as I never received a UBR form in the mail this year and therefore was unable to submit it timely. I believe the reason for our not receiving this form is related to the change of address we filed with the US Post Office in April. This change of address expired on 9/30/02 and I have recently received several notifications from the state about other issues. However, today was the first notification regarding renewal of our corporation.

Please accept the \$150.00 fee for renewal for the year 2002. We are implementing strategies to avoid this unfortunate error in future years.

Thank you for your anticipated assistance with this matter.

Sincerely,

Sherry Teague, MS, ATC, PTA  
President, Integrity Rehab, Inc.