

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

pg 1 of 3

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith,
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -4 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000021413

1. Corporation Name

MEDICAL REHABILITATION CENTER OF TAMPA, INC.

Principal Place of Business

7819 N. DALE MABRY, SUITE 106
TAMPA FL 33614

Mailing Address

7819 N. DALE MABRY, SUITE 106
TAMPA FL 33614

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/26/2001

5. FEI Number

59-3699939

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	MENDEZ, MARTHA	7819 N. DALE MABRY, SUITE 106	TAMPA, FL 33614

500008573395
10/24/02--01088--007 **150.00

10/11/02

8. Name and Address of Current Registered Agent

MENDEZ, MARTHA
7819 N. DALE MABRY, SUITE 106
TAMPA FL 33614

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

Marta Lucia Mendez
REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/23/02

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:

Marta Lucia Mendez
REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/02

Daytime Phone #

CR2E040 (8/02)

John T. Weaver, CPA, P.A.
3601 Swann Ave., Suite 207
Tampa, Florida 33609
Telephone 813-870-0084

October 21, 2002

Division of Corporations
Uniform Business Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

RE: **Medical Rehabilitation Center of Tampa, Inc.**
Document Number: P01000021413
2002 Uniform Business Report (UBR)

Dear Sir or Madam:

I am the accountant for the above captioned taxpayer. Mrs. Martha Mendez, the taxpayer's president, notified me today that she recently received a Certificate of Administrative Dissolution from the Secretary of State. The taxpayer states that she never received the original Form UBR from the Secretary of State. Furthermore, she did not know that she should be looking for one since she thought that the fee was paid as the corporation was formed and no report had been sent to her. The corporation was formed in 2001 and this is a first time oversight.

Based upon the following discussion, I believe the \$600.00 additional fee (or penalty) should be abated.

Subsections 213.21(2)(a) and (3), F.S., authorizes the State of Florida to compromise a liability for tax, interest, or a penalty. In regard to the penalty, the taxpayer must show that the noncompliance was due to **reasonable cause and not willful negligence**. The taxpayer shall be required to set forth in a written statement the facts and circumstances which demonstrate the existence of reasonable cause.

The standard used in the determination of whether the noncompliance was due to reasonable cause is whether the taxpayer exercised ordinary care and prudence and was nevertheless unable to comply.

Medical Rehabilitation Center of Tampa, Inc.

Document Number: P01000021413

2002 Uniform Business Report (UBR)

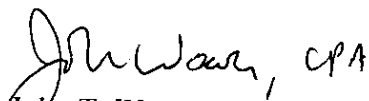
Reliance upon another person to comply with the filing requirements, or obtain information, or to properly prepare returns or reports, is a basis for reasonable cause, depending upon the circumstances. Noncompliance due to nonperformance of a ministerial type function, **inadvertent misplacements of returns, reports, or information, or the failure of the taxpayer's agent to properly prepare or file returns or reports are each a basis for reasonable cause** when the taxpayer establishes the adequate procedures or steps for complying existed; or **that extenuating or unusual circumstances prevented compliance.**

I feel that reasonable cause is present because the report was not received. I also feel that there was no intent not to comply on the part of the taxpayer who wants to always keep her corporation in proper standing with the State of Florida. I feel that reasonable cause exists for the additional late filing fee to be abated.

I have enclosed with this letter the \$150.00 payment of the annual fee. I appreciate your assistance and cooperation in this matter. If you need additional information please call me at 813-870-0084.

I appreciate your assistance in this matter.

Sincerely yours,


John T. Weaver
Certified Public Accountant