

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P01000074297**

1. Corporation Name

**RETURN TO WORK SOLUTIONS, INC.**

Principal Place of Business

**2519 MCMULLEN BOOTH RD., STE. 510-282  
CLEARWATER FL 33761**

Mailing Address

**2519 MCMULLEN BOOTH RD., STE. 510-282  
CLEARWATER FL 33761**

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

2. New Principal Office Address, If Applicable

**236 Lotus Dr**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

**SAFETY HARBOR, FL**

City & State

Zip

**34695**

Country

**Pinnellas**

Zip

Country

4. Date incorporated or Qualified  
To Do Business in Florida

**07/27/2001**

5. FEI Number

**59-3737011**

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
<b>D</b>	<b>LEE, ROBERT J</b>	<b>2519 MCMULLEN BOOTH RD., STE. 51</b>	<b>CLEARWATER FL 33761</b>

8. Name and Address of Current Registered Agent

**LEE, ROBERT J  
2519 MCMULLEN BOOTH RD., STE. 510-282  
CLEARWATER FL 33761**

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 REQUIRED**  
REGISTERED AGENT MUST SIGN

Date **10-30-02**

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10-30-02**  
Daytime Phone # **327-669-0770**

FILED

02 NOV 13 PM 5:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**400008956114**  
**11/13/02--01019--019 \*\*150.00**

CR2E040 (802)

# **RETURN TO WORK Solutions Inc.**

- Innovative Disability Management -

Office: 727-723-0188 Fax: 727-793-0188  
263 Lotus Dr. Safety Harbor, FL 34695

10/02

Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

Re: Status of this Corporation

To Whom it May Concern:

As sole officer and Registered Agent of this corporation, it has come to my attention that we have missed this year's renewal deadline. I did not receive the other two notices and wish to state at this time.

Please note the change of address to 236 Lotus Dr., Safety Harbor, FL 34695.

Enclosed is the completed reinstatement form and fee.

Thank You,



Robert J. Lee MA. Ed.S CDMS