

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P02000002477

**1. Corporation Name**

W & K Rehabilitation Services Inc.

**2. Principal Office Address**

2931 SW 174th Way

Suite, Apt. #, etc.

City & State

Miramar

Zip

33029

Country

USA

**3. Mailing Office Address**

2931 SW 174th Way

Suite, Apt. #, etc.

City & State

Miramar

Zip

33029

Country

USA

**FILED**  
05 FEB 16 PM 12:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 03-05

**4. Date Incorporated or Qualified  
To Do Business in Florida**

January 07, 2002

**5. FEI Number**

80-0022299

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

Wilfredo Canales

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

2931 SW 174th Way

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33029

**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

Date 02-04-05

REGISTERED AGENT MUST SIGN

**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	Wilfredo Canales	2931 SW 174th Way	Miramar / FL / 33029

~~300047102473~~  
02/23/05--01007--013 \*\*1050.00

**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:** Wilfredo Canales **WILFREDO CANALES**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-04-05

Date

305-3330879

Daytime Phone #

CR2E081 (01/05)