

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 APR 15 PM 1:06

DOCUMENT # **P02000002477**

1. Corporation Name

W & K REHABILITATION SERVICES, INC.

2. Principal Office Address - No P.O. Box #

800 N.E. 195th ST.

3. Mailing Office Address

SAME.

Suite, Apt. #, etc.

717

Suite, Apt. #, etc.

City & State

North Miami, FL

City & State

Zip

33179

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01-07-2002

5. FEI Number

80002229

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 E. CANALES

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

800 N.E. 195th ST.

Suite, Apt. #, Etc.

717

City

North Miami

State

FL

Zip Code

33179

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Wilfredo Canales

Date **04-03-09**

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
PRESID	WILFREDO CANALES	800 N.E. 195 th ST # 717	North Miami, FL 33179

REINSTATEMENT

06-09

B4/17/09

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 contained in Chapter 119, 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

04-03-09

(305) 333-0879

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #