

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 17 PM 3:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA.

DOCUMENT # **P02000031258**

1. Corporation Name

**ABILITIES REHAB SERVICES, INC.**

Principal Place of Business

Mailing Address

4712 GRAPEVINE WAY  
DAVIE FL 33331

4712 GRAPEVINE WAY  
DAVIE FL 33331



**REINSTATEMENT 03**

10/21/03 01093 00.6 \$150.00

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

03/18/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

03-0405482

Not Applicable

Zip

Country

Zip

Country

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)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	COCCHIARO-GUALTIERI, VANIA	4712 GRAPEVINE WAY	DAVIE FL 33331
			600023978876 11/26/03--01070--025 **8.75
			600023978876
			<i>[Signature]</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COCCHIARO-GUALTIERI, VANIA 4712 GRAPEVINE WAY DAVIE FL 33331	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State <b>FL</b>
		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 11-10-03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-10-03

Date Daytime Phone #

CR2ED-40 (7/03)



## Abilities Rehab Services, Inc.

4712 Grapevine Way Davie, Florida 33331

Ph: (954) 483-8456 Fax: (954) 434-6155

November 10, 2003

**TO: Mr. Tyrone Scott, Document Specialist**  
**FROM: Vania Cocchiaro-Gualtieri, officer/president**  
**RE: Reinstatement of Abilities Rehab Services, Inc.**


Dear Mr. Scott,

As per our phone conversation this afternoon, I am sending the appropriate reinstatement form and letter attached, as you requested. Please waive the \$600.00 fee, as I did not receive the 2 prior UBR notices. I was also unaware of the annual filing requirement and I hope this can be overlooked, since my company is new. I now clearly understand the filing procedures and am aware that I will receive a postcard for the 2004 annual report, with instructions to file online.

Please note that I have previously sent check # 1042, for \$150.00 in October, which has been cashed, to the Florida Dept of State for reinstatement, however I sent it with the wrong form. I am also enclosing a check for \$8.75 for a certificate of reinstatement to be sent to me.

Thank you for your attention in this matter. I am anxious to be in compliance with the Florida Department of State regarding my corporation. Please advise.

Thank you

  
Vania Cocchiaro-Gualtieri, President