

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P02000034292

1. Corporation Name

MARION OAKS REHAB, INC.

Principal Place of Business

140 TARA OAKS CIRCLE
LADY LAKE FL 32159

Mailing Address

140 TARA OAKS CIRCLE
LADY LAKE FL 32159

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

2. New Principal Office Address, If Applicable

Mahe Beshay

10916 SE Timucuan Rd

Summerfield, FL

Zip 34491

County Marion

3. New Mailing Office Address, If Applicable

Mahe Beshay

10916 Timucuan Rd

Summerfield, FL

Zip 34491

County Marion

4. Date Incorporated or Qualified
To Do Business in Florida

03/22/2002

5. FEI Number

01-0661336

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
Director	Mahe Beshay	10916 Timucuan Rd	Summerfield, FL 34491
President	Mahe Beshay	10916 S.E. Timucuan Rd	Summerfield, FL 34491

200024262352
10/25/03 01077 012 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Mahe Beshay

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

10916 SE Timucuan Rd

Suite, Apt. #, Etc.

City

Summerfield

State

FL

Zip Code

34491

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

Mahe Beshay

REGISTERED AGENT MUST SIGN

Date 10/17/03

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:

Mahe Beshay

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/17/03

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
03 DEC 30 AM 10:26

REINSTATEMENT 03

CR2E040 (7/03)

Florida Department of State
Division of Corporation

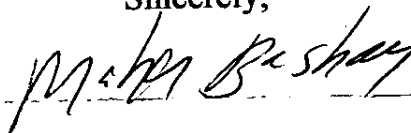
Mahe Beshay
10916 Timucuan
Summerfield, Florida 34491

To Whom It May Concern:

My name is Mahe Beshay. I am president of Marion Oaks Rehab I have only lived in Florida a few years. I recently moved at the beginning of the year. I left a change of address with the Post Office. I never received the Uniform Business Report. My corporation is new; I was unaware of the Uniform Business Report must be filed by May 1, 2003.

I hope you will understand my situation. My business is young and has yet to show a profit although I am very hopeful for the future.

Sincerely,



Mahe Beshay