

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 OCT 15 AM 8:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000096742**

1. Corporation Name

**COMPLETE REHAB SERVICES, INC.**

Principal Place of Business

Mailing Address

~~10288 HUNT CLUB LANE~~  
~~PALM BEACH GARDENS FL 33418~~

~~10288 HUNT CLUB LANE~~  
~~PALM BEACH GARDENS FL 33418~~

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

09/04/2002

Suite, Apt. #, etc.

1500 N. DIXIE Hwy #205

Suite, Apt. #, etc.

City & State  
WEST PALM BEACH, FL

City & State

SAME

Zip  
33401

County  
PB

Zip

County

5. FEI Number

22-3870660

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
SD	<del>ISHAK, EMAD</del> ISHAK, EMAD	10288 HUNT CLUB LANE	PALM BEACH GARDENS FL 33418
P	HABIB, BAHER	7491 RIDGEFIELD LANE	LAKE WORTH FL 33467
V	SCHOTT, ROBERT A JR	4371 EMPRESS ST.	PALM BEACH GARDENS FL 33410

300023820643  
10/15/03--01082--004 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ISHAK, EMAD

~~10288 HUNT CLUB LANE~~ 1500 N. DIXIE Hwy #205  
~~PALM BEACH GARDENS FL 33418~~ W. PALM BEACH, FL  
33401

Name

EMAD ISHAK

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

1500 N. DIXIE Hwy #205

Suite, Apt. #, Etc.

WEST PALM BEACH

City

State

FL

Zip Code

33401

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

REGISTERED AGENT MUST SIGN

Date

9/8/03

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

Date

Daytime Phone #

9/8/03

CR20040 (7/03)

***COMPLETE REHAB SERVICES, INC.***

1500 North Dixie Highway, Suite #205

West Palm Beach, Florida 33401

Phone No.: 561-622-4249

Fax No.: 561-622-8087

October 8, 2003

Glenda E. Hood, Secretary of State  
Florida Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
P. O. Box 6327  
Tallahassee, Florida 32314-6327

Re: Complete Rehab Services, Inc.  
22-3870660

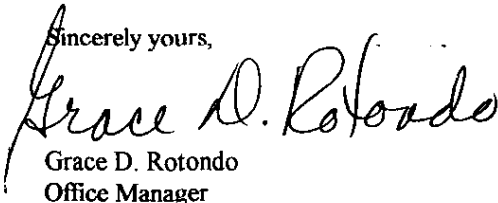
Dear Ms. Hood:

Enclosed please find Application for Reinstatement. This is the first notice received this year for our Annual Report. We moved from Palm Beach Gardens October 10, 2002. According to our accountant he filed a change of address with the state approximately six months later.

We would appreciate your waiving the reinstatement fee since this is the first notice received by us.

Your help in this matter would be greatly appreciated.

Sincerely yours,

  
Grace D. Rotondo  
Office Manager

gdr  
Enclosures