

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000105756

1. Corporation Name

ST. PETERSBURG HEALTH & REHAB, INC.

2. Principal Office Address

2713 1ST AVENUE NORTH

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

Zip

33713

Country

PINELLAS

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

500023747705

10/13/03--01056--010 **750.00 03

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

10/01/2002

5. FEI Number

54-2078003

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

KENNETH G. ARSENAULT, JR.

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

10225 ULMERTON ROAD

Suite, Apt. #, Etc.

SUITE 2

City

LARGO

State
FL

Zip Code
33771

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 09/29/03

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
D	FADI SABA	2713 1ST AVENUE NORTH	ST. PETERSBURG, FL 33713
D	HAZEM AL-ANDARY	2713 1ST AVENUE NORTH	ST. PETERSBURG, FL 33713

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FADI SABA, DIRECTOR

9-29-03

Date

727-322-1054

Daytime Phone #

CR2E081 (10/02)

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