


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000019370</b>		
1. Entity Name TRINITY REHABILITATION AND CARE, INC.		

Principal Place of Business 672 N. SEMORAN BLVD., STE 202 ORLANDO, FL 32807	Mailing Address 1417 N. SEMORAN BLVD., STE. #202 ORLANDO, FL 32807
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2. Principal Place of Business 672 N. Semoran blvd Suite, Apt. #, etc. Ste. 204 City & State Orlando fl. Zip 32807	3. Mailing Address 672 N. Semoran blvd Suite, Apt. #, etc. Ste. 204 City & State Orlando fl. Zip 32807
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JAN 27 PM 4:30

REINSTATEMENT 05-06



01182006 REIN-P CR2E098 (11/05)

4. FEI Number 56-2319397	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GARCIA, THAIS 1417 N. SEMORAN BLVD., STE. #202 ORLANDO, FL 32807	7. Name and Address of New Registered Agent Name Garcia, Thais Street Address (P.O. Box Number is Not Acceptable) 672 N. Semoran blvd - Ste. 204 City Orlando FL Zip Code 32807
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

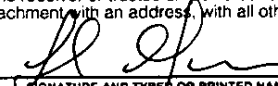
SIGNATURE  DATE 1-18-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, THAIS 1417 N. SEMORAN BLVD., STE. #202 ORLANDO, FL 32807 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Garcia, Thais 672 N. Semoran blvd Ste. 204 Orlando fl. 32807 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE 1/18/06 DAYTIME PHONE # 407-5336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR