

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 JUN 24 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #P04000003920

1. Corporation Name

REHAB ACTION, INC

2. Principal Office Address - No P.O. Box #

8401 CAROLYN DRIVE

Suite, Apt. #, etc.

City & State

PORT RICHEY, FL

Zip

34668

Country

PASCO

3. Mailing Office Address

8401 CAROLYN DRIVE

Suite, Apt. #, etc.

City & State

PORT RICHEY, FL

Zip

34668

Country

PASCO

4. Date Incorporated or Qualified
To Do Business in Florida

01/05/2004

5. FBI Number

421613761

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

DELAUF, GASPARD

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

8401 CAROLYN DRIVE

Suite, Apt. #, Etc.

City

PORT RICHEY

State

FL

Zip Code

34668

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature]

Date 06/23/2008

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
P.S.D	DELAUF, GASPARD	8401 CAROLYN DRIVE	PORT RICHEY / FL / 34668

07/02/08--01013--017 ***450.00

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 contained in Chapter 119, 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

06/23/2008

727-207-8399

Date

Daytime Phone #

B. Mitchell JUN 24 2008