


**PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.**

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
<div style="display: flex; justify-content: space-between;"><div>DOCUMENT # <b>705000151880</b></div><div style="text-align: right;">07 NOV -2 AM 8:34 STATE TALLAHASSEE, FLORIDA  500111647745 11/02/07--01048--009 **308.75</div></div>			
1. Corporation Name <b>Signature Rehabilitation &amp; Nursing Services Inc.</b>			
2. Principal Office Address - No P.O. Box # <b>6547 Compass Rose Court</b>		3. Mailing Office Address <b>6547 Compass Rose Court</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>West Palm Beach, FL</b>		City & State <b>West Palm Beach, FL</b>	
Zip <b>33411</b>	Country <b>USA</b>	Zip <b>33411</b>	Country <b>USA</b>
7. Name and Address of Current Registered Agent		<div style="border: 1px solid black; padding: 5px;"><b>REINSTATEMENT</b> (1/07) <b>11/15/2005</b></div> <div style="display: flex; justify-content: space-between;"><div>4. Date Incorporated or Qualified To Do Business in Florida</div><div>5. F.E.L. Number <b>204216437</b></div><div>Applied For <input type="checkbox"/> Not Applicable</div></div> <div style="border: 1px solid black; padding: 5px;">6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$3.75 Additional Fee required for a Certificate of Status</div> <div style="border: 1px solid black; padding: 5px;"><input checked="" type="checkbox"/> 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.</div>	
Name <b>Janeze Dennis</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>6547 Compass Rose Court</b>			
Suite, Apt. #, Etc.			
City <b>West Palm Beach</b>		State <b>FL</b>	
Zip Code <b>33411</b>			
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 <b>Janeze Dennis</b>		Date <b>11-1-07</b>	
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
<b>P</b>	<b>Janeze Dennis</b>	<b>6547 Compass Rose Court</b>	<b>West Palm Beach, FL 33411</b>
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: <b>Janeze Dennis</b>		<b>11-1-07 (454) 295-5257</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #