

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000151880

1. Entity Name
SIGNATURE REHABILITATION & NURSING SERVICES
INC.



FILED

09 APR 28 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6547 COMPASS ROSE CT.
WEST PALM BEACH, FL 33411

Mailing Address

6547 COMPASS ROSE CT.
WEST PALM BEACH, FL 33411

2. Principal Place of Business - No P.O. Box #

6547 Compass Rose Ct

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WPA, FL 3

City & State

Zip

Country

33411

USA

Zip

Country

4. FEI Number

20-4216437

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DENNIS, JANEZE
6547 COMPASS ROSE CT.
WEST PALM BEACH, FL 33411

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Janeze Dennis

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00-158.75

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME DENNIS, JANEZE
STREET ADDRESS 6547 COMPASS ROSE CT.
CITY-ST-ZIP WEST PALM BEACH, FL 33411

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
~~02/04/09--01034--001 **158.75~~

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
600142831096
02/04/09--01034--001 **158.75

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
12/31/08 01077 016 \$158.75

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
JC5/1

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:

Janeze Dennis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/09 (954) 295-5357

Date

Daytime Phone #