

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P31161

1. Corporation Name
REHAB PEOPLE, INC.

Principal Place of Business
1016 W. NINTH AVE.
KING OF PRUSSIA PA 19406
US

Mailing Address
1016 W. NINTH AVENUE
KING OF PRUSSIA PA 19406
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
103-104 Corporate Dr. East
City & State
Langhorne, PA
Zip
10947
Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
103-104 Corporate Dr. East
City & State
Langhorne, PA
Zip
10947
Country

FILED
00 DEC 18 PM 4:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida
10/03/1990

5. FEI Number
23-2146651
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DVP	FOSTER, TIMOTHY	1016 W9TH AVE	KING OF PRUSSIA PA
DVP	HEALY, ROBERT	1016 W 9TH AVE	KING OF PRUSSIA PA
TD	ESPOSITO, AMY	1016 W 9TH AVENUE	KING OF PRUSSIA PA
VP	BEHR, BRAD	1016 WEST NINTH AVE	KING OF PRUSSIA PA
S	BINSTEIN, RICHARD	1016 W. 9TH AVE.	KING OF PRUSSIA PA

8. Name and Address of Current Registered Agent
NATIONAL CORPORATE RESEARCH, LTD., INC.
1406 HAYS ST., STE #2
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State
FL
Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent
Date 12/14/00

REGISTERED AGENT MUST SIGN

11. 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
12/8/00
Date
410-773-1106
Daytime Phone #

KE

CHANCE MURPHY

COMPANY NAME:
FEI#:

LIST OF OFFICERS:

NAME	TITLE	SS#	ADDRESS
TAYLOR PICKETT	CO - PRES. & SECRETARY	216-78-6702	910 RIDGEBROOK ROAD, SPARKS, MD 21152
SALLY WEISBERG	CO - PRES. & TREASURER	912-38-3737	910 RIDGEBROOK ROAD, SPARKS, MD 21152
MARK L. FULCHINO	VICE PRESIDENT	029-64-4143	910 RIDGEBROOK ROAD, SPARKS, MD 21152

BOARD OF DIRECTORS:

NAME	ADDRESS
TAYLOR PICKETT	216-78-6702 910 RIDGEBROOK ROAD, SPARKS, MD 21152
SALLY WEISBERG	912-38-3737 910 RIDGEBROOK ROAD, SPARKS, MD 21152