

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 15 PM 4:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P31161

1. Corporation Name

Rehab People, Inc.

2. Principal Office Address

910 Ridgebrook Rd

Suite, Apt. #, etc.

City & State

Sparks MD

Zip

21152

Country

USA

3. Mailing Office Address

910 Ridgebrook Rd

Suite, Apt. #, etc.

City & State

Sparks MD

Zip

21152

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/3/80

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. Name and Address of Current Registered Agent

Name

National Corporate Research, LTD

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

~~1406 Hays Street Suite #2~~ 103 N. Meridian St.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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]

REGISTERED AGENT MUST SIGN

Date

10/14/02

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.D	Sally Weisberg	910 Ridgebrook Rd	Sparks MD 21152
V	Melissa Warlow	↓	↓
T.D	Eileen Erstad		
S	Thomas Guild		

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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-02

Date

410-773-1000

Daytime Phone #

CR2E081 (9/01)



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

October 17, 2002

REHAB PEOPLE, INC.
910 ridgebrook rd
sparks, MD 21152 US

SUBJECT: REHAB PEOPLE, INC.
Ref. Number: P31161

We have received your document for REHAB PEOPLE, INC. and your check(s) totaling \$750.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The total amount due to reinstate is \$900.00.

There is a balance due of \$150.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 002A00057860