PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 SEP 26 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P38103

1. Corporation Name
HORIZONS REHABILITION, INC.

REINSTATEMENT 96-97

Principal Place of Business	Mailing Address
2225 STATE ROAD #3 SUITE 5 & 7 ST AUGUSTINE, FL 32084	2225 STATE ROAD # # SUITE 5 & 7 ST AUGUSTINE, FL 32084

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.
City & State
Zip / Country

3. New Mailing Office Address, If Applicable
101 VILLAGE LAS PALMAS LN.
Suite, Apt. #, etc.
City & State
ST AUGUSTINE, FL 32084
Zip: 32084 / Country: ST JOHNS

4. Date Incorporated or Qualified To Do Business in Florida
3/24/1992

5. FEI Number
48-1064261
☐ 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)

300002306453--5
-09/29/97--01139--007
***1088.75 ***1088.75

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City/State/Zip 4
CPD	GAULT, W. E.	101 VILLAGE LAS PALMAS LN.	ST AUGUSTINE FL 32084
VD	GAULT, W. E. JR.	230 N, PINE	GARDNER, KS. 66030
STD	GAULT, CAROLYN B.	101 VILLAGE LAS PALMAS LN.	ST AUGUSTINE, FL 32084

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent
Name: GAULT, W. E.
Street Address (P.O. Box Number is Not Acceptable): 101 VILLAGE LAS PALMAS LN.
Suite, Apt. #, Etc.:
City: ST AUGUSTINE
State: FL
Zip Code: 32084

CR2E040 (12/96)

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: W. E. Gault
REGISTERED AGENT MUST SIGN

Date: SEPTEMBER 24, 1997

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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: W. E. Gault W.E. GAULT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEPTEMBER 24, 1997
Date

(904) 471-8080
Daytime Phone #