

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P93000003209**

1. Corporation Name

REHABILITATION MEDICAL GROUP, P.A.

Principal Place of Business

Mailing Address

100 W GORE STREET
 SUITE 203
 ORLANDO FL 32806

100 W GORE STREET
 SUITE 203
 ORLANDO FL 32806

KR

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 000025172090
 12/03/03--01007--015 **750.00



REINSTATEMENT 2003

4. Date Incorporated or Qualified To Do Business in Florida

01/01/1993

5. FEI Number

59-3155224

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
PD	CREAMER, MICHAEL J.	100 W GORE STREET #203	ORLANDO FL
D	CREAMER, ROBIN C	116 OAKWOOD DRIVE	MAITLAND FL 32751

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CREAMER, MICHAEL J DO
 100 W GORE STREET
 SUITE 203
 ORLANDO FL 32806

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/20/03

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/20/03

CR2E040 (7/03)