

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 OCT 16 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000051372**

1. Corporation Name

Rehab Provider Network of Florida, Inc.

100004641971--8

10/18/01--01066--008

****750.00 ****750.00

2. Principal Office Address
4716 Old Gettysburg Road

3. Mailing Office Address
4716 Old Gettysburg Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Mechanicsburg, PA

City & State
Mechanicsburg, PA

Zip
17055

Country
USA

Zip
17055

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 7/22/93

5. FEI Number
65-0426653

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

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

Margaret E. Routzahn
REGISTERED AGENT MUST SIGN

MARGARET E. ROUTZAHN
Special Assistant Secretary

Date

10/15/01

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
Director	Rocco A. Ortenzio	4716 Old Gettysburg Road	Mechanicsburg, PA 17055
President	Robert A. Ortenzio	4716 Old Gettysburg Road	Mechanicsburg, PA 17055
VP/Sec.	Michael E. Tarvin	4716 Old Gettysburg Road	Mechanicsburg, PA 17055
VP/Treas	Scott A. Romberger	4716 Old Gettysburg Road	Mechanicsburg, PA 17055
VP	Staci Rhodes Shelley	4716 Old Gettysburg Road	Mechanicsburg, PA 17055
VP	Kenneth L. Moore	4716 Old Gettysburg Road	Mechanicsburg, PA 17055

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:

Kenneth L. Moore
Kenneth L. Moore
Vice President

Date 9/27/01

Date

Daytime Phone #