

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

98 JUN -1 PM 4:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PA3.000060231**

1. Corporation Name  
**Trauma & Rehabilitation Services, Inc.**

Principal Place of Business Mailing Address  
**1640 W. OAKLAND PARK BLVD. SUITE 200 FT. LAUDERDALE, FL 33311**  
**1640 W. OAKLAND PARK SUITE 200 FT. LAUDERDALE, FL 33311**

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

**REINSTATEMENT 97-98**

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Date: <b>Dec-1-1985</b>	
City & State		City & State		5. FEI Number <b>59-2638843</b>	
Zip		Country		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<b>Pres</b>	<b>Dwight C. Reynolds MD</b>	<b>1640 W. OAKLAND PARK SUITE 200 FT. LAUDERDALE, FL 33311</b>	<b>FL 33311</b>

**600002546226--2**  
**-06/03/98-01075--008**  
**\*\*\*\*900.00 \*\*\*\*900.00**

8. Name and Address of Current Registered Agent

**C B Reynolds**  
**7711 E. UPPER RIDGE DR**  
**PARKLAND, FL 33067**

9. Name and Address of New Registered Agent

Name: **CHRISTINE B. REYNOLDS**  
Street Address (P.O. Box Number Is Not Acceptable): **167711 E. UPPER RIDGE DR**  
Suite, Apt. #, Etc.: **PARKLAND FL 33067**  
City: **PARKLAND FL** State: **FL** Zip Code: **33067**

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: **Christine B Reynolds**  
REGISTERED AGENT MUST SIGN

Date: **4-28-98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: **[Signature]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/28/98**

Daytime Phone #: **(954) 739-7740**

CR2E040 (1/98)