PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 18 PM 12:11

DOCUMENT # P94000035378

1. Corporation Name

OPTIMUM REHAB, INC.

Principal Place of Business	Mailing Address
LAKE MARY CITY CENTRE 2500 W LAKE MARY BLVD. ~~#1015~~ LAKE MARY FL 32746 US	LAKE MARY CITY CENTRE ~~SUITE 1015~~ LAKE MARY FL 32746 US

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
optimum rehab	
Suite, Apt. #, etc.: 2500 W. LAKE MARY	Suite, Apt. #, etc.
City & State: LAKE MARY FL #219	City & State
Zip: 32746 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 05/05/1994

5. FEI Number: 59-3237870 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	HORWATH, SUSAN	172 OAK GROVE CIRCLE	LAKE MARY FL
VP	HORWATH, BILL	172 OAK GROVE CIRCLE	LAKE MARY FL

100004659641--6
-10/30/01--01077--023
****150.00 ****150.00

10/29

8. Name and Address of Current Registered Agent

HORWATH, BILL
172 OAK GROVE CIRCLE
LAKE MARY FL 32746

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/01)

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: SIGNATURE REQUIRED Date: 10/16/01

REGISTERED AGENT MUST SIGN

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 William (Bill) Horwath 10/16/01 407 323-6955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — VP — Date — Daytime Phone #

10/16/01

To whom it may concern

I called your office yesterday as I never received the original application in the mail. We had this same problem within the last two years.

I changed the address on the form + included the check for $150.00.

If any questions, please call 407 323-6955 and ask for Bill Howarth

Thanks

Bill Howarth