

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 21 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000075176**

1. Corporation Name

KMS REHABILITATION, INC

Principal Place of Business

**7525 MELODY LANE
PANAMA CITY FL 32404**

Mailing Address

**7525 MELODY LANE
PANAMA CITY FL 32404**

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

2. New Principal Office Address, If Applicable

5916 Tree Farm Rd

Suite, Apt. #, etc.

City & State

PANAMA CITY, FL

Zip

32404

Country

FLA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/13/1994

5. FEI Number

59-3289352

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
D	LEHMAN, MARTHA L	7525 MELODY LANE 5916 Tree Farm Road	PANAMA CITY FL 32404

8. Name and Address of Current Registered Agent

**LEHMAN, MARTHA L
7525 MELODY LANE
PANAMA CITY FL 32404**

9. Name and Address of New Registered Agent

Name

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

5916 Tree Farm Rd

Suite, Apt. #, Etc.

City

PANAMA CITY

State

FL

Zip Code

32404

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

MARTHA L. LEHMAN
REGISTERED AGENT MUST SIGN

Date **10/16/03**

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.

MARTHA L. LEHMAN

SIGNATURE:

MARTHA L. LEHMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/03
Date

850 913-8222
Daytime Phone #

CR2ED40 (7/03)