

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

99 JAN 28 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000004746

1. Corporation Name

FIRST REHAB PLUS, INC.

Principal Place of Business

4075 16TH ST. NORTH

Mailing Address

4075 16TH ST N

ST. PETERSBURG FL 33703

ST. PETERSBURG FL 33703

33703

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

2. New Principal Office Address, If Applicable

4075 16TH ST. N.

3. New Mailing Office Address, If Applicable

SAME

Suite, Apt. #, etc.

ST. PETERSBURG

Suite, Apt. #, etc.

City & State

FLA 33703

Zip

33703

Country

FLORIDA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

01/19/1995

5. FEI Number

59-3290473

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	SCUDIERO, THOMAS J	4653 CARSON STREET NE	ST PETERSBURG FL 33703
			700002765577--1 -02/05/99--01019--013 ****750.00 ****750.00
			REINSTATEMENT 983399
			700002765577--1 -02/05/99--01019--014 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

SCUDIERO, THOMAS J

4075 16TH ST. N.

ST. PETERSBURG FL 33703

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

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

Thomas J. Scudiero

REGISTERED AGENT MUST SIGN

Date

1/12/99

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:

Thomas J. Scudiero Pres. D.I.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/12/99

Daytime Phone #

727 821-7335

CR2E040 (9/98)