

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # 995000018243

1. Corporation Name

J. Q. Rehabilitation & Wellness, Inc.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

1327 W. Broadway

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 780441

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

32765

Country

U.S.A

Zip

32878

Country

U.S.A

4. Date Incorporated or Qualified  
To Do Business in Florida

03/06/1995

5. FEI Number

59-3297632

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
President	Jia Qiu	2930 University Acres Dr.	Orlando, Florida 32817
Vice President	Yidong Yang	2930 University Acres Dr.	Orlando, Florida 32817

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Charles Qiu

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

2930 University Acres Dr.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32817

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]

REGISTERED AGENT MUST SIGN

Date

02/24/97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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

Jia Qiu

02/24/97

Date

(407) 273-7113

Daytime Phone #

CR2E040 (12/96)