

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 97-98
REINSTATEMENT



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

APPROVED
AND
FILED

98 MAR -2 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000026890

1. Corporation Name

REHAB PROVIDERS, INC.

Principal Place of Business
90 PARK DRIVE
SUITE # 4
BAL HARBOUR, FL 33154

Mailing Address
SAME

200002451872-- 0
-03/10/98--01033--011
*****900.00 *****900.00

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

2. New Principal Office Address, If Applicable
90 Park Drive

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida
APRIL 3, 1995

Suite, Apt. #, etc.
#4

Suite, Apt. #, etc.

5. FEI Number
65-0570959

Applied For

City & State
Bal Harbour, FL

City & State

Not Applicable

Zip 33154 v Country

Zip Country

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)

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
President	WILLIAM MARQUEZ	90 Park Drive Suite # 4	Bal Harbour, FL 33154
Treasurer			
Secretary	CHARLES A. MENENDEZ	1571 Bird Road	Coral Gables, FL 33146

REINSTATEMENT 97-98

3/2/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHARLES A. MENENDEZ
1571 Bird Road
Coral Gables, FL 33146

Name
SAME/NEW ADDRESS
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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

REGISTERED AGENT MUST SIGN

Date

2.25.98

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William MARQUEZ

2/25/98

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