
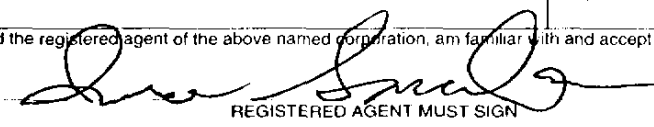
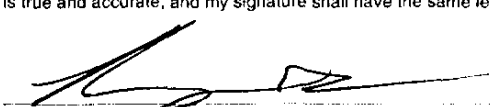


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED  99 FEB 12 PM 1:59  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <b>PO5000029108</b>					
1. Corporation Name <b>INTERNATIONAL REHABILITATION CENTERS, INC.</b>					
Principal Place of Business <b>325 SOUTH OLD WOODWARD BIRMINGHAM, MI. 48009</b>		Mailing Address <b>SAM5</b>			
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		4. Date Incorporated or Qualified To Do Business in Florida <b>4/21/95</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0576148</b>	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
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		
<b>PRES</b>	<b>IRA L. SNIDER</b>	<b>325 SOUTH OLD WOODWARD</b>	<b>BIRMINGHAM, MI. 48009</b>		
<b>V.P.</b>	<b>BARRY DEWAR</b>	<b>325 SOUTH OLD WOODWARD</b>	<b>BIRMINGHAM, MI. 48009</b>		
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
<b>IRA L. SNIDER</b> <b>4949 S. CONGRESS, SUITE E</b> <b>LAKE WORTH, FL. 33461</b>		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> 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.		Date <b>2/9/99</b>			
Signature of Registered Agent 		REGISTERED AGENT MUST SIGN			
11. This corporation owes the current year Intangible Personal Property Tax due June 30.		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side of 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: 		2/9/99 245-644-2070 Date Daytime Phone #			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>BARRY DEWAR</b>					