

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 # **P95000038503**

1. Corporation Name

R.R. REHABILITATION SERVICES, INC.

Principal Place of Business

Mailing Address

**4711 WEST WATERS AVE.
SUITE 236
TAMPA FL 33614**

~~**4711 WEST WATERS AVE.
SUITE 236
TAMPA FL 33614**~~

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

2. Now Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

P.O. Box 15818

Tampa, Florida

33614 Hillsborough

4. Date Incorporated or Qualified To Do Business in Florida

05/15/1995

5. FEI Number

59-331828

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)

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
D	RUCHOTZKE, RICK	4711 WEST WATERS AVE. SUITE 236	TAMPA FL 33614
			100001974981--0
			-10/15/95--01193--005
			****225.00 ****225.00
			filed as A/R
			Reinstatement fee waived
			mwb 10/14/96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**RUCHOTZKE, RICK
4711 WEST WATERS AVE.
SUITE 236
TAMPA FL 33614**

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

Rick Ruchotzke

REGISTERED AGENT MUST SIGN

Date **9/19/96**

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:

Rick Ruchotzke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rick Ruchotzke

9/19/96
Date

(813) 882-8169
Daytime Phone #

CR20040 (7/96)