

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FOR
REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV -7 PM 1:31

DOCUMENT # P95000072683

1. Corporation Name

REHAB & THERAPY CONNECTION, INC.

Principal Place of Business

Mailing Address

6480 CENTRAL AVE.
ST. PETERSBURG FL 33707

6480 CENTRAL AVE.
ST. PETERSBURG FL 33707

4538 1ST AVENUE N.
ST. PETE, FL 33710

4538 1ST AVENUE N.
ST. PETE, FL 33710

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



2. New Principal Office Address, If Applicable

4538 1st Avenue N.

3. New Mailing Office Address, If Applicable

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ST. PETE, FL

City & State

Zip
33710

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/18/1995

5. FEI Number

59-3338446

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	City / State / Zip
1	2	3	4
PD	YANCHUCK, KATHY	8024 13TH AVENUE, SOUTH 4538 1ST AVE NORTH	ST. PETERSBURG FL 33707- 33710
			600004698566--3 -11/29/01--01056--016
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

BERNHEIM, IRVING
424 CENTRAL AVENUE
#1000
ST. PETERSBURG FL 33701

9. Name and Address of New Registered Agent

Name Lisa Jacobson
Street Address (P.O. Box Number is Not Acceptable)
4538 1ST AVENUE N.
Suite, Apt. #, Etc.

City ST. Petersburg

State FL

Zip Code 33710

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

Lisa Jacobson 11.1.01
Kathy Yanchuck
REGISTERED AGENT MUST SIGN

Date 11.1.01

11. 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:

Kathy Yanchuck
Lisa Jacobson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11.1.01 727 432 3569

11.1.01 727 302 0994

Date

Daytime Phone #

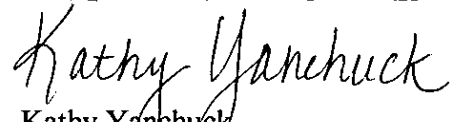
CR2ED40 (8/01)

November 2, 2001

To Whom It May Concern:

I just received this form for reinstatement of my corporation. Unfortunately, I was unaware that this had not been taken care of. Our address was wrong on the forms sent, so, I have corrected the information on them. I have enclosed a check for 150.00. Hopefully, this will take care of this misunderstanding. Thank you for your time.

Sincerely,


Kathy Yanchuck

Rehab & Therapy Connection
6538 1st Ave N
St. Petersburg, FL 33710