	PLEAS	E READ ALL IN	STRUCTIONS	BEFORE C	OMPLETI	NG THIS FORM		
. 'API	PLICATION FOR	FLOF	FLORIDA DEPARTMENT OF STATE Katherine Harris			- ILEU		
REINSTATEMENT '			Secretary of S		99 DEC -3 AMII: 46			
DOCUMENT # P95000078649 1. Corporation Name					SECRETARY OF STATE TALLAHASSEE, PLORIDA			
OPS F CES,	PLUS, HAND TH INC.	HERAPY AND R	EHABILITATIO	N SERVI				
1030 U.S.	Place of Business 27 SOUTH RK FL 33825	1030 U.	Mailing Address 1030 U.S. 27 SOUTH AVON PARK FL 33672					
US		U\$!	DEIN	STATEME	NT 09	
	acidresses are incorrect in a incipal Office Address, If Ap		illing Office Address, If Applicable 4. Date		4. Date Incorpo	rated or Qualified	10/09/1995	7
Suite, Apt	#, etc.	Suite, Ap	Suite, Apt. #, etc.		5. FEI Number		Applied For	\dashv
City & Stat	le	City & S	City & State		65-0615318 Not Applicable			
Zip	Country	Zip	Country		1		i.75 Additional Fee requir for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Direct Name of Officers and/or Direct and/or Direct			Street Address of Each Officer and/or Director		1	City / State / Zip		
<u>P</u>	SMITH, DOUGLAS O).	3 4614 SANTA BA	4614 SANTA BARBARA DRIVE		SEBRING FL		-
VP	Swith V	M- ns.A P.	3220 U.S. 27 S	3220 U.S. 27 SOUTH		SEBRING FL		
ST BUNKHOLDER, LYNDAK. SMUTH LLOSA P.			3412 NOMEO STREET- HOLL SMATAB			SEBRING FL		
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			it is a second of the second o			3000030701785 -12/14/9901106010		
						****750 . 00	****750.00	}
	B. Name and Addre	ess of Current Registered	Agent		9. Name and A	Address of New Registered	l Agent	
	I M. FOSTER EA SWALLOW AVENUE			Street Address (P.O. Box Number is Not Acceptable)				CR2E040 (8/99)
SEBF	RING FL 33872	$\wedge \bigcirc$		Suite, Apt. #, Etc.	•			18
	(Y)	(City		Stat		
10. I, bein Signature i Registered			corporation, am familiar w	th and accept the o	bligations of Secti	on 607.0505, F.S. Date	9-97	_
this rei	nstatement application, the	ctor or the receiver or truste reason for dissolution has an paid and the names of in	ee empowered to execute been eliminated, the corpo dividuate listed on this for	orate name satisfies m do not qualify for	the requirements an exemption und	ppter 607 or 617, F.S. I furth of section 607.0401 or 617. der section 119.07(3)(i), F.S	0401, F.S., that all fees	rd
SIGNA	TURE: 10	so Muit				11-29-89	KE	
	SIGNATURE AP	ID TYPED OR PRINTED NAME	OF SIGNING OFFICER OR	DIRECTOR		Date	Daytime Phone #	- }