PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS FILED

00 FEB -4 AHII: 47

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P95000082543

1. Corporation Name

FUNCTIONAL REHAB ASSOCIATES INC.

Principal Place of Business 9350 S. Dadeland Blvd. 9350 S. Dadeland	FUN	CLIONAL VEUND ASSC	CIALES	INC.		do				
Suite 101 Miami, FL 33156 Suite Apolicacine Suite, Apolicacine Suite, Apolicacine City & State	Principal Pla	ace of Business	Mailing Addre	ess		NK				
Miami, FL 33156 Miami,	9350 S. Dadeland Blvd.		9350 S.	Dade1a:	nd Blvd.					
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. Data Incorporated or Qualified To Do Business in Florida 10 / 26 / 1995 Suite. Apr. #, etc. 5. Suite. Applicable 2. Suite. Applicable 3. New Mailing Office Address. If Applicable 4. Data Incorporated or Qualified To Do Business in Florida 10 / 26 / 1995 Suite. Apr. #, etc. 5. Suite. Applicable 6. Suite. Applicable 6. Suite. Applicable 6. Suite. Applicable 7. Names and Sireet Addresses of Each Officer and/or Director (Pointida nonprofit corporations must list at least 3 directors) 7. Names and Sireet Addresses of Each Officer and/or Director (Pointida nonprofit corporations must list at least 3 directors) 8. Name and Address of Corporations must list at least 3 directors) 9. Suite Applicable 6. Suite Applicable 6. Suite Applicable 9. Sireet Address of Each Officer and/or Directors and/or Di								THE H J. COLLS	^- ^-	
2. New Principal Office Address. if Applicable 3. New Mailing Office Address. if Applicable 10 / 26 / 1995 Suite, Apt. #, etc. Suite,			Miami, FL 33156			REIN	STATEM	ieni (47-00	
Suite, Apt. #, etc. Suite, Ap	If above a	ddresses are incorrect in any way, line thr	ough incorrect in	nformation and	enter correction below.					
Applied For Not Applied For No	2. New Prin	ncipal Office Address, If Applicable								
City & State Zip Country Zip Country Zip Country C	Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. FEI Numbe	er		Applied For	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Names and Street Addresses of Each Officer and/or Director (Point Address of Each Officer and/or Directors) 8. Seally-Bayoh, Joanne 9350 S. Dadeland Blvd. Miami, FL 33156 9. D.Y.T. Bayoh, Sorie 9350 S. Dadeland Blvd. Miami, FL 33156 9. Suite 101 8. Name and Address of Current Registered Agent 9350 S. Dadeland Blvd. Miami, FL 33156 8. Name and Address of Current Registered Agent 9350 S. Dadeland Blvd. Miami, FL 33156 8. Name and Address of Current Registered Agent 9350 S. Dadeland Blvd. Suite 101 8. Name and Address of New Registered Agent 9350 S. Dadeland Blvd. Suite 510 9350 S. Dadeland Blvd. Miami, FL 33156 8. Name and Address of New Registered Agent 9350 S. Dadeland Blvd. Suite 101 9350 S. Dadeland Blvd. Miami, FL 33156 8. Name and Address of New Registered Agent 9350 S. Dadeland Blvd. Suite 101 9350 S. Dadeland Slvd. Suite 101 9350 S. Dadelan	City & State	•	City & State				514936	1		
Name and Address of Current Registered Agent Sealy—Bayoh, Joanne Street Address SPO SEX Number is Not Acceptable) Street Address SPO SEX Number is Number i	Zip	Country	Zip		Country		E OF STATUS DESIRED		::::::::::::::::::::::::::::::::::::::	
Title(s) 2 and/or Directors 3 (Do NOT Use Post Office on Numbers) 4 DyP,S Sealy-Bayoh, Joanne 9350 S. Dadeland Blvd. Miami, FL 33156 D,V,T Bayoh, Sorie 9350 S.Dadeland Blvd. Miami, FL 33156 D,V,T Bayoh, Sorie 9350 S.Dadeland WBlvd. Miami, FL 33156 Suite 101 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 88. Its—ARCUM Sealy-Bayoh, Joanne 9300 South Dadeland Blvd. Suite 510 Miami, FL 33156 Name Street Address (P.O. Box Number's Not Acceptable) 9350 S.Dadeland Blvd. Suite 510 Miami, FL 33156 Suite 101 City State / Zip 4 Miami, FL 33156 Name Sealy-Bayoh, Joanne 9350 S.Dadeland Blvd. Suite 101 Suite 510 Name Street Address (P.O. Box Number's Not Acceptable) 9350 S.Dadeland Blvd. Suite 101 City Miami ***********************************	7. Names a	and Street Addresses of Each Officer and	or Director (Flo	rida nonprofit d	corporations must list at lea	ast 3 directors)				
Suite 101 D, V, T Bayoh, Sorie 9350 S.DaddelandVBlvd. Suite 101 Stood - Adm Sealy-Bayoh, Joanne 9300 South Dadeland Bivdeverd Suite 510 Miami, FL 33156 Signature of Registered agent of the above named corporation, am faciliar with and accept the obligations of Section 607.0505, F. S. Signature of Registered Agent Registered Agent Name Sealy-Bayoh, Joanne Street Address (P.O. Box Number is Not Acceptable) 9350 S. Dadeland Bivd. Suite 510 Miami, FL 33156 Signature of Registered Agent Registered agent of the above named corporation, am faciliar with and accept the obligations of Section 607.0505, F. S. Signature of Registered Agent Regi	Title(s)	and/or Directors		3 (Đo N	Officer and/or Director	•		City / State / Zi	p 	
8. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent 8. Name and Address of New Registered Agent 8. Name and Address of New Registered Agent 8. Name 9. Name and Address of New Registered Agent Name Seally-Bayoh, Joanne 9300 South Dadeland Blvdqvard Street Address (P.O. Bóx Number is Not Acceptable) 9350 S. Dadeland Blvd 9350 S. Dadeland Blvd Suite 101 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 AGEN MUST SIGN 11. This corporation owes or has paid the current year (See other side for information	DPP,S	Sealy-Bayoh, Joanne		1		rd.	Miami, FL	33156		
Sealy-Bayoh, Joanne 9300 South Dadeland Bivdevard Suite 510 Miami, FL 33156 Suite 101 City Miami 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 AGENOMUST SIGN Name Street Address (P.O. Box Number is Not Acceptable) 9350 S. Dadeland Blvd. Suite, Apt. #, Etc. Suite 101 -02/08/00-01134010 City ****1208 Miami Date A DOOO REGISTERED AGENOMUST SIGN (See other side for information	D,V,T	1 -				Miami, FL 33156				
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Miami, FL 33156 Suite 101 City ***1208 Miami 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 AGENUMUST SIGN 11. This corporation owes or has paid the current year (See other side for information	9300 South Dadeland Blvdeverd				Seal y Street Address (F 9350	Sealy-Bayoh, Joanne Street Address (P.O. Box Number is Not Acceptable) 9350 S. Dadeland Blvd.				
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 AGENTMUST SIGN Date (See other side for information	ʻMiami,	, FL 33156	,		Suite	101	-02/08/0	<u>00113</u> State Zin (<u>4010</u>	
Signature of Registered Agent REGISTERED AGENDMUST SIGN 11. This corporation owes or has paid the current year (See other side for information	10 being	appointed the registered agent of the abo	ove named como	oration, am fam	Miami Wilar with and accept the o	bligations of Sect		<u> </u>	156	
11. This corporation owes or has paid the current year (See other side for information	Signature of	f Agent	250	3	2		2	12/3	3000	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes X No \(\subseteq \text{No } \subseteq \text{ (See other side for information on intangible tax.)} \)		R	EGISTERED AG	EN MUST SI	GN-V			<u> </u>		
	11. Th	is corporation owes or hangible Personal Proper	as paid th ty tax due	e curren June 30	t year). Yes 🗓	No 🗆				

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: Joanne Sealy-Bayoh 2/2000 (305) 670-7777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joanne Sealy-Bayoh 2/2000 (305) 670-7777

Daytime Phone #