

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 # P95000090270

1. Corporation Name

HEALTHCARE WEST MEDICAL & REHABILITATION CENTER  
, INC.

Principal Place of Business

Mailing Address

~~1167 ROYAL PALM BEACH BLVD.~~  
ROYAL PALM BEACH FL 33411

~~1167 ROYAL PALM BEACH BLVD.~~  
ROYAL PALM BEACH FL 33411

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

2. New Principal Office Address, If Applicable

11476 OKEECHOBEE BLVD.  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 210985  
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33421

4. Date Incorporated or Qualified  
To Do Business in Florida

11/28/1995

5. FEI Number

65-0625881

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D	ROBINER, RONALD A	141 SARATOGA BLDG. E	ROYAL PALM BEACH FL 33411

7000002338807--0  
11/85/97-01062-025  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROBINER, RONALD A

~~1167 ROYAL PALM BEACH BLVD.~~ 11476 OKEECHOBEE BLVD  
ROYAL PALM BEACH FL 33411

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

*[Signature]*

Date 10-27-97

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-27-97 861793-8648

Date

Daytime Phone #

CR2E040 (8/97)