

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
JAMES HARRIS
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT 20 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000095383

1. Corporation Name

CRESTHAVEN PHYSICAL THERAPY & REHABILITATION CENTER, INC.

Principal Place of Business

2601 SOUTH MILITARY TRAIL, SUITE 25
WEST PALM BEACH FL 33415

Mailing Address

2601 SOUTH MILITARY TRAIL, SUITE 25
WEST PALM BEACH FL 33415

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/18/1995

5. FEI Number

65-0628500

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	4. City / State / Zip
PSTD	DIMINICO, GERALD J	2601 SOUTH MILITARY TRAIL, SUITE	WEST PALM BEACH FL 33415

600003029618--2
-10/29/99--01061--020
****150.00 ****150.00

LS

8. Name and Address of Current Registered Agent

DIMINICO, GERALD J
4824 SARATOGA RD.
W. PALM BEACH FL 33415

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GERALD DIMINICO 10/15/99 (94)
578-0150

CR20040 (8/99)

**CRESTHAVEN
PHYSICAL THERAPY**

7601 WEST OAKLAND PARK BLVD # 101
PHONE # 954-5780150
Fax# 954-5781098

2

October 15, 1999

Florida Department Of State
Division Of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir or Madam:

I am writing from Cresthaven Rehab to inform you, that a check was sent to you in March for payment. To date this check still has not been cashed. Enclosed is check number 3441, in the amount of \$150.00. If you have any questions or comments, please call us at (954) 578-0150.

Sincerely,

Gerald J. Diminico
PSTD