

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

97 OCT 27 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000025533**

1. Corporation Name

PHYSICAL REHAB INSTITUTE, INC.

Principal Place of Business

236 S.E. 23TD AVENUE
BOYNTON BEACH FL 33435

Mailing Address

236 S.E. 23TD AVENUE
BOYNTON BEACH FL 33435

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/22/1996

5. FEI Number

65-0772377

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PVST	EDWARD, HANY	236 S.E. 23TD AVENUE	BOYNTON BEACH FL 33435
D	EDWARD, HANY	236 S.E. 23TD AVENUE	BOYNTON BEACH FL 33435
			60000233326--7 -10/29/97--01131--021 ***\$50.00 ***\$50.00

8. Name and Address of Current Registered Agent

ANISE, NADER F
6245 NORTH FEDERAL HIGHWAY
5TH FLOOR
FT. LAUDERDALE FL 33308

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

H. Edward

REGISTERED AGENT MUST SIGN

Date

10/24/97

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:

HANY EDWARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/24/97 (561) 369-7600

Daytime Phone #

CF2E040 (8/97)

Physical Rehab Institute

236 S.E. 23rd Avenue
Boynton Beach, FL 33435
(561) 369-7600

10/24/97

State of Florida
Dept. of State

Re: Annual report.

Dear Sir/Madam

Back in July 1st, 97. I sent you my annual report with check for \$550.⁰⁰.

3 month later, Today I received Dissolution notice from your office.

I called your office today, your representative stated that it may lost in mail. when you send it to me on 7/9/97. which I never received any letter from you.

However your representative ask me to send this application back with a check for \$550.⁰⁰ to you and that should be O.K.

Please call me if you have any question
Thank you.

H. Ed
HARRY EDWARD.