

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 # P96000042825

1. Corporation Name

HSS REHAB SERVICES, INC.

Principal Place of Business

Mailing Address

6245 NORTH FEDERAL HIGHWAY STE 400
FORT LAUDERDALE FL 33308

6245 NORTH FEDERAL HIGHWAY STE 400
FORT LAUDERDALE FL 33308

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

2. New Principal Office Address, if Applicable

6245 N. Federal Hwy,

Suite, Apt. #, etc.

Suite 500

City & State

Fort Lauderdale, FL

Zip

33308

Country

USA

3. New Mailing Office Address, if Applicable

6245 N. Federal Hwy

Suite, Apt. #, etc.

Suite 500

City & State

Fort Lauderdale, FL

Zip

33308

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

05/20/1996

5. FEI Number

65-0665041

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
PDT	CASS, RONALD A	6245 NORTH FEDERAL HIGHWAY #500	FORT LAUDERDALE FL 33308
VS	SHIELDS, BOBBY L	6245 NORTH FEDERAL HIGHWAY #500	FORT LAUDERDALE FL 33308
P	Ron Lusk	6245 N. Federal Hwy, #500	Fort Lauderdale, FL 33308
D	Joe Williams, Jr.	6245 N. Federal Hwy #500	Fort Lauderdale, FL 33308

8. Name and Address of Current Registered Agent

SHIELDS, BOBBY L
6245 NORTH FEDERAL HIGHWAY #500
FORT LAUDERDALE FL 33308

9. Name and Address of New Registered Agent

Name Ron Lusk

Street Address (P.O. Box Number is Not Acceptable)

6245 North Federal Hwy

Suite, Apt. #, Etc.

Suite 500

City

Fort Lauderdale

State

FL

Zip Code

33308

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/23/98

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

98 NOV 24 PM 3: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****550.00 ****550.00



CR2E040 (9/98)