

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 # P96000042833

1. Corporation Name

HSS REHAB SERVICES OF FLORIDA, 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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

05/20/1996

5. FEI Number

65-0666687

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
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 North 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

9. Name and Address of New Registered Agent

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

Name Ron Lusk  
Street Address (P.O. Box Number is Not Acceptable)  
6245 N. 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

11/23/96

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)(f), 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 #