

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 # P96000042841

1. Corporation Name

HSS REHAB SERVICES OF RHODE ISLAND, INC.

Principal Place of Business

6245 NO FEDERAL HIGHWAY STE 400
FORT LAUDERDALE FL 33308

Mailing Address

6245 NO 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

Same

3. New Mailing Office Address, if Applicable

Same

Suite, Apt. #, etc.

Suite 900

Suite, Apt. #, etc.

Suite 900

City & State

Same

City & State

Same

Zip

Same

Country

Same

Zip

Same

Country

Same

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)	
1	2	3	4
.PDT-	CASS, RONALD A	6245 N. FEDERAL HIGHWAY #500	FORT LAUDERDALE FL 33308
-VS-	SHIELDS, BOBBY L	6245 N. FEDERAL HIGHWAY #500	FORT LAUDERDALE FL 33308
P	Ron Lusk	6245 North Federal Hwy #500	Fort Lauderdale, FL 33308
D	Joe Williams, Jr.	6245 North Federal Hwy #500	Fort Lauderdale, FL 33308

8. Name and Address of Current Registered Agent

SHIELDS, BOBBY L
6245 N. FEDERAL HIGHWAY #500
FORT LAUDERDALE FL

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 900
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

Ron Lusk **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:

Ron Lusk **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/23/98 (954) 771-8900

APPROVED
AND
FILED

98 NOV 24 PM 3: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

05/20/1996

5. FEI Number

65-0665042

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

CR2E040 (8/98)