

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000055216

1. Corporation Name

HEALTH PLUS REHABILITATION, INC

Principal Place of Business

Mailing Address

7300 W OAKLAND PK BLVD  
SUITE 12  
LAUDERHILL, FLORIDA 33321

C/O 8400 NW 52 STREET  
SUITE 207  
MIAMI, FLORIDA 33166

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  
C/O GOLDBERG & LEVINE, CPA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

16885 NE 2nd AVE/#303

City & State

City & State

NORTH MIAMI BCH, FLORIDA

Zip

Country

Zip

Country

33162

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

6/28/96

5. FEI Number

65-0675753

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
P, S, T, D	PETER FREDERICK KUNEN	1000 ISLAND BOUELVARD	AVENTURA, FL 33160
			000003012790--6 -10/12/99--01055--010 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

MICHAEL WEINREB  
2584 NE 186th STREET  
NORTH MIAMI, FL 33180

9. Name and Address of New Registered Agent

Name  
JACK LEVINE, CPA

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

16855 NE 2nd aVENUE

Suite, Apt. #, Etc.

SUITE 303

City

NORTH MIAMI BEACH

State

FL

Zip Code

33162

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]*

REGISTERED AGENT MUST SIGN

Date

10/3/99

11. This corporation owes 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

10/3/99

Date

(305) 792-9429

Daytime Phone #

CR2E061 (12/98)