

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 SEP -9 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000073744

1 Corporation Name
THE LAKE REHAB INC.

Principal Place of Business 13175 DOUBLETREE CIRCLE WEST PALM BEACH FL 33414	Mailing Address 13175 DOUBLETREE CIRCLE WEST PALM BEACH FL 33414
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Old Mailing Office Address, If Applicable	3. New Mailing Office Address, If Applicable P.O. Box # 30277	4. Date Incorporated or Qualified To Do Business in Florida 09/03/1996
Suite, Apt #, etc. 2500 Rhode Island Av #A	Suite, Apt #, etc.	5. FEI Number 65-0708365
City & State Fort Pierce, FL	City & State Palm Beach Gardens, FL	Applied For Not Applicable
Zip 34950	Country Port. St. Lucie	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status
Zip 33420-0277	Country Palm Beach	

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
D	BHATT, MUKESH D	13175 DOUBLETREE CIRCLE	WEST PALM BEACH FL 33414
D	THAKAR, GAUTAM D	10060 DASHEEN AVE	PALM BEACH GARDENS FL 33410
REINSTATEMENT 98-99 TS			100002988091 -- 0 09/15/99 01877-005 ****908.75 ****908.75

8. Name and Address of Current Registered Agent THAKAR, GAUTAM D 13175 DOUBLETREE CIRCLE WEST PALM BEACH FL 33414	9. Name and Address of New Registered Agent Name THAKAR GAUTAM D Street Address (P.O. Box Number is Not Acceptable) 10060 Dasheen Avenue Suite, Apt #, Etc. Palm Beach Gardens City <input checked="" type="checkbox"/> State FL Zip Code 33420-0277
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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: *Gautam D Thakar* Date: 9/7/99
REGISTERED AGENT MUST SIGN

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: *Gautam D Thakar* Date: 9/7/99 Daytime Phone #

CR2E040 (9/98)