

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

98 NOV 24 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000080280

1. Corporation Name

HSS REHAB SERVICES OF TENNESSEE, INC.

Principal Place of Business

Mailing Address

6245 NORTH FEDERAL HIGHWAY
SUITE 500
FT. LAUDERDALE FL 33308

6245 NORTH FEDERAL HIGHWAY
SUITE 500
FT. LAUDERDALE FL 33308



REINSTATEMENT 98

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/27/1996	
City & State		City & State		5. FEI Number	
Zip		Zip		62-1678007	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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
RDT	CASS, RONALD A	6245 NORTH FEDERAL HIGHWAY #500	FT. LAUDERDALE FL 33308
VS	SHIELDS, BOBBY L	6245 NORTH FEDERAL HIGHWAY #500	FT. 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
			9000002698989-8
			-12/01/98-01060-013
			***200.00 ***200.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHIELDS, BOBBY L
6245 NORTH FEDERAL HIGHWAY
SUITE 500
FT. LAUDERDALE FL 33308

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/City 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 regarding 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 Ron Lusk 11/23/98 (954) 771-0500