

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPLICATION FOR REINSTATEMENT

FILED

03 OCT 14 AM 11:27

DOCUMENT # **P96000089742**

1. Corporation Name

**FLAGLER INSTITUTE FOR REHABILITATION, INC.**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

REINSTATEMENT 03

Principal Place of Business

Mailing Address

2617 N. FLAGLER DRIVE  
 SUITE 112  
 WEST PALM BEACH FL 33407

2617 N. FLAGLER DRIVE  
 SUITE 112  
 WEST PALM BEACH FL 33407



600023781356  
 10/14/03--01018--027 \*\*150.00

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

10/31/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0703988

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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	4 City / State / Zip
P	KUNKEL, KEVIN R	2617 N. FLAGLER DRIVE, SUITE 112	WEST PALM BEACH FL 33407

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WEINBERGER, ROBERT  
 712 US HWY ONE  
 N PALM BEACH FL ~~33400~~ 33408

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code  
**33408**

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. or 617.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/10/03

11. 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

Kevin Kunkel President

Date

Daytime Phone #

561 833-1747

CR2E040 (7/03)



October 8, 2003

Dear Sir or Madam:

This letter is to state that I did not receive the notices for corporate reports that were told to me to have been sent out three times during the year. I am the one who opens all my mail and my administrator reviews all incoming mail and requests for licensure and governmental requests. I would have responded immediately as I always do to licensure and corporate reports.

I respectfully request waiving of the fees for the reinstatement of the company into active status. I have always been diligent in maintaining records for my corporations. I have enclosed the fee for reinstatement of \$150 but would hope that it would be waived.

Sincerely,

Kevin Kunkel  
President  
The Flagler Institute for Rehabilitation