

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 OCT 24 PM 5:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000103599

1. Corporation Name

TRINITY REHABILITATION SERVICES, INC.

Principal Place of Business

Mailing Address

989 GEORGIA AVEUE  
PALM HARBOR FL 34683

989 GEORGIA AVEUE  
PALM HARBOR FL 34683



If above addresses are incorrect in any way, line through incorrect information and enter correction below

REINSTATEMENT

2001

2. New Principal Office Address, If Applicable  
~~13560 Wright Circle~~  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable  
~~13560 Wright Circle~~  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida  
12/24/1996

City & State  
Tampa FL  
Zip 33626 Country USA

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Tampa FL  
Zip 33626 Country USA

5. FEI Number 59-3422297 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	4 City / State / Zip
P	TURTZO, CRAIG	989 GEORGIA AVEUE	PALM HARBOR FL 34683

700004679127--6  
-11/14/01--01079--006  
\*\*\*\*750.00 \*\*\*\*750.00

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TURTZO, CRAIG  
930 FLORIDA AVE.  
PALM HARBOR FL 34683

Name  
Street Address (P.O. Box Number is Not Acceptable)  
13560 Wright Circle  
Suite, Apt. #, Etc.  
City Tampa State FL Zip Code 33626

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 Craig Turtzo REGISTERED AGENT MUST SIGN Date 10/22/01

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: Craig Turtzo SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 10/22/01 Daytime Phone #

CR2E040 (8/01)