

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FOR REINSTATEMENT

FILED

02 DEC -2 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000026059

1. Corporation Name

WEST PALM BEACH MEDICAL & REHABILITATION GROUP, INC.

Principal Place of Business

Mailing Address

768 S CONGRESS AVENUE
WEST PALM BEACH FL 33406

770 S CONGRESS AVE
WEST PALM BEACH FL 33406
US



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

02/28/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0743197

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	KAROW, KEN	768 S CONGRESS AVENUE	WEST PALM BEACH FL 33406

700008635337
10/28/02--01112--013 **150.00

02 URGENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KAROW, KEN
770 S CONGRESS AVE
WEST PALM BEACH FL 33406

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/25/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/25/02

CF2E040 (8/02)

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11/25/02

We did not receive any
Renewal application this year
for West Palm Beach it must
have been lost in ^{the} mail.

Please Reinstate.

Thank you

Ken Karow

