

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

50 JAN -8 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 997000030386

1. Corporation Name

INTERNATIONAL REHABILITATION SERVICES

Principal Place of Business

Mailing Address

2766 NW OAKLAND PARK BLVD.
FORT LAUDERDALE, FL 33311

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

5/97

5. FEI Number

☒ 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	WILLY PAUL	4960 S.W 7th Street MARGATE, FL	MARGATE, FL 33068
V	MARGARET PAUL	4960 S.W 7th Street	MARGATE, FL 33068
T	CLAIRE ENFORT	701 N.W 19th St.	Fort Lauderdale, FL 33311
C	JOHN J. JEANTY	35 NW 16th St	MIAMI, FL 33169

000002752080-8
-01/22/99-011061-011
****320.00 ****320.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Willy Paul
4960 S.W 7th Street
MARGATE, FL 33068

Name: Willy Paul
Street Address (P.O. Box Number is Not Acceptable): 4960 S.W 7th Street
Suite, Apt. #, Etc.:
City: MARGATE State: FL Zip Code: 33068

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

REGISTERED AGENT MUST SIGN

Date

1/6/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARGARET PAUL (V.P.)

Date

1/6/98

Daytime Phone #

954-486-6350

CR200401108

International Rehab Facility



2766 W. Oakland Park Blvd.
Fort Lauderdale, FL 33311
(954) 486-6350 Fax: (954) 486-5746

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January 6, 1998

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Thank you for sending the Application for Reinstatement that we requested on 12/29/98.
Enclosed please find the completed application along with the applicable fee of \$320.

We did not receive our original application in the mail and were not aware of our
"dissolved" status until a vendor brought it to our attention.

We look forward to the prompt resolution of this matter. Thank you.

Sincerely,

Margaret Paul
Vice President