

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 FEB 25 PM 3:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

**1. Corporation Name**

Superior Rehab, Inc.

p97000093202

**2. Principal Office Address**

2840 West Bay Drive

**3. Mailing Office Address**

Suite, Apt. #, etc.

#232

Suite, Apt. #, etc.

City & State

Belleair Bluffs, FL

City & State

Zip

33770

Country

USA

Zip

Country

100013087651

02/25/03--01031--010 \*\*300.00

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

59-3476525

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Alan S. Christner, Jr. P.A.

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

350-2 Gulf Boulevard

Suite, Apt. #, Etc.

City

Indian Rocks Beach

State

FL

Zip Code

33785

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*Alan S. Christner, Jr.*  
REGISTERED AGENT MUST SIGN

Date 19th February, 2003

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Dir. Pres.	Byrd, Betty	2840 West Bay Drive, #232	Belleair Bluffs, FL 33770

**10. 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:

*Betty Byrd*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/19/03

Date

*President*

Daytime Phone #

js 2/27

**BETTY BYRD**  
**2840 West Bay Drive, #232**  
**Belleair Bluffs, FL 33770**  
**(727) 595-1948**

February 19, 2003

Florida Department of State  
Katherine Harris  
Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Superior Rehab, Inc.  
59-3476525

Dear Sir:

Due to relocation, I did not receive my 2002 and 2003 Uniform Business Report. I kindly request a waiver of the late fee. I have submitted a check for \$300.00 to cover the two years with the proper new address and registered agent.

Sincerely,



Betty Byrd  
President

Enclosure