

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000006438

1. Corporation Name

ADVANCED REHAB 2000, INC.

Principal Place of Business

12224 CORTEZ BLVD
BROOKSVILLE FL 34613

Mailing Address

12224 CORTEZ BLVD
BROOKSVILLE FL 34613

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/21/1998

5. FEI Number

59-3488626

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
D	MOHAMED, EMADELDIN	12224 CORTEZ BLVD	BROOKSVILLE FL 34613
D	AMIN, IHAB	12224 CORTEZ BLVD	BROOKSVILLE FL 34613
D	HUSSEIN, MOHAMED	12224 CORTEZ BLVD	BROOKSVILLE FL 34613

500008551355
10/23/02 01095-004 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MOHAMED, EMADELDIN
12224 CORTEZ BLVD
BROOKSVILLE FL 34613

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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

Date

10/22/02

REGISTERED AGENT MUST SIGN

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

10/22/02 (352) 596 1977

Date

Daytime Phone #

2082

ADVANCED REHAB 2000, INC.

12224 Cortez Blvd.
Brooksville, FL 34613
(352) 596-1977
Fax (352) 596-7900

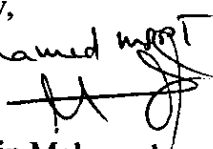
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

October 22, 2002

To Whom It May Concern:

This is to inform you that Advanced Rehab 2000 did not receive any prior UBR notices for 2002. The first indication of a problem was when the Notice of Administrative Dissolution or Revocation packet was received. Enclosed is the fee to reinstate Advanced Rehab 2000 as a corporation.

Sincerely,

Emadeldin Mohamed 

Emadeldin Mohamed
Officer/Director