

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB 17 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

198000032427

1. Corporation Name

Mainstream Rehabilitation, Inc.

2. Principal Office Address

9371 Cypress Lake Drive

3. Mailing Office Address

9371 Cypress Lake Drive

Suite, Apt. #, etc.

Suite 20

Suite, Apt. #, etc.

Suite 20

City & State

Fort Myers

City & State

Fort Myers

Zip

33919

Country

US

Zip

33919

Country

US

4. Date Incorporated or Qualified

To Do Business in Florida April 6th 1998

5. FEI Number

65-0828620

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

Jeffrey W. Pierce

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

9371 Cypress Lake Drive

Suite, Apt. #, Etc.

Suite 20

City

Fort Myers

State
FL

Zip Code
33919

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

Date

REGISTERED AGENT MUST SIGN

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
Owner	Jeffrey W. Pierce	9371 Cypress Lake Drive Ste 20	Fort Myers, FL 33919

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)