

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 JAN 31 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000043386

1. Corporation Name

Specific Rehabilitation Company

2. Principal Office Address

1620 N. Hercules Avenue

Suite, Apt. #, etc.

Unit I

City & State

Clearwater, FL

Zip

33765

Country

USA

3. Mailing Office Address

PO Box 555

Suite, Apt. #, etc.

City & State

Johnston, IA

Zip

50131

Country

USA

REINSTATEMENT

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

5/11/1998

5. FEI Number

59-3510218

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ ~~Domestic~~ ☐ ~~Foreign~~

7. Name and Address of Current Registered Agent

Name

Joel Pitt

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

1620 N. Hercules Avenue

Suite, Apt. #, Etc.

Unit I

City

Clearwater

State

FL

Zip Code

33765

8000003126868-5

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****900.00 ****900.00

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

REGISTERED AGENT MUST SIGN

Date 01.27.00

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 |
|--------|--------------------------------------|---|--------------------|
| P | William E. Shook | 6250 NW Beaver Dr., Ste. 6 | Johnston, IA 50131 |
| T | Keith R. Walker | 6250 NW Beaver Dr., Ste. 6 | Johnston, IA 50131 |
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LS

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: Keith R. Walker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-2000

Date

515-276-9610

Daytime Phone #