

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -6 PM 3:59

DOCUMENT #

P98000045631

1. Corporation Name

COMPREHENSIVE REHAB SERVICES
INC

P98000045631

600003164686--6

-03/10/00--01011--008

***300.00 ***300.00

2. Principal Office Address

223 DE MLKJR BLVD

3. Mailing Office Address

P.O. BOX 51201

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PUNTA GORDA, FL

City & State

PUNTA GORDA, FL

Zip

33950

Country

USA

Zip

33951

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/98 5-18-98

5. FEI Number

65-0836121

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DAVID OAKS

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

252 W. MARION AVE

Suite, Apt. #, Etc.

City

PUNTA GORDA

State
FL

Zip Code

33950

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 2-28-00

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
Director PRES	CHRISTINE ROBERTS	223 DR. MARTIN LUTHER KING JR. BLVD	PUNTA GORDA, FL 33950
Director TREAS	KIRK ROBERTS	"	"

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:

Christine Roberts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-00 941-505-2010

Date

Daytime Phone #

CR2001 (9/99)

DAVID K. OAKS

JACKIE M. SMITH

CERTIFIED LEGAL ASSISTANT

DAVID K. OAKS, P.A.
ATTORNEY AT LAW

252 WEST MARION AVENUE
PUNTA GORDA, FLORIDA 33950

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website: www.lawyers.com/
davidkoaksiaaw

March 1, 2000

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

Re: COMPREHENSIVE REHAB SERVICES, INC.

Dear Sir:

Enclosed please find the Corporation Reinstatement form for Comprehensive Rehab Services, Inc. We have also enclosed our client's check in the amount of \$300.00 for the reinstatement fee. We are requesting a one-time waiver of the late fees since the corporation had never received their annual report for the year 1999.

Thank you for your consideration of this matter and if you have any questions, please do not hesitate to contact my office.

Yours very truly,


David K. Oaks

DKO:js

Encl.