

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 AUG -3 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 098000094146

1. Corporation Name

Neuromuscular Rehab, inc.

2. Principal Office Address

5297 Park St.

Suite, Apt. #, etc.

3. Mailing Office Address

5297 Park St

Suite, Apt. #, etc.

City & State

St. Pete, FL

Zip

33709

Country

Pinellas

City & State

St. Pete, FL

Zip

33709

Country

Pinellas

600039869936

08/04/04--01048--023 \*\*\*900.00

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

650563630

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

James Worrell

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

5297 Park St. N.

Suite, Apt. #, Etc.

City

St. Pete

State

FL

Zip Code

33709

**REINSTATEMENT 03-04**

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 6/26/04

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	James Worrell	5297 Park Street	St. Pete, FL 33709

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

James Worrell

Date

06/26/04

Daytime Phone #

(327)  
546-8244

CR2E081 (10/02)