

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
[REDACTED]

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

DOCUMENT # P99000005439

1. Corporation Name

C.T. REHAB INC.

Principal Place of Business

Mailing Address

400 S. DIXIE HWY.,STE.128
BOCA RATON FL 33432

400 S. DIXIE HWY.,STE.128
BOCA RATON FL 33432

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

01/14/1999

5. FEI Number

65-0896217

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	REITANO, ANTHONY J	400 S. DIXIE HWY.,STE.128	BOCA RATON FL 33432
D	GAGE, MIERIAL A	400 S. DIXIE HWY.,STE.128	BOCA RATON FL 33432

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REITANO, ANTHONY J
400 S. DIXIE HWY.,STE.128
BOCA RATON FL 33432

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of
Registered Agent

Anthony J. Reitano

Date 11-27-01

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:

Anthony J. Reitano

ANTHONY J REITANO

11-27-01

561-392-4811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ANTHONY J. REITANO
CERTIFIED PUBLIC ACCOUNTANT

2013

MEMBER
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

MEMBER
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

October 18, 2001

Katherine Harris, Secretary of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: C T Rehab, Inc
Document Number: P99000005439

Dear Ms Harris:

Please be advised that the undersigned is the current registered agent for the above-referenced corporation.

I am in receipt of the Certificate of Administrative Dissolution or Revocation dated September 21, 2001, a copy of which is enclosed for your reference. I am also in receipt, of course, of the application for the reinstatement of the corporation.

C T Rehab, Inc is an active corporation currently conducting business in Florida. This is the second year in the row in which I have not received in a timely manner the uniform business report for C T Rehab, Inc. Enclosed you will please find a copy of a letter from Tyrone Scott, Document Specialist, Division of Corporations, dated October 31, 2000, acknowledging reinstatement of C T Rehab for the year 2000. Also enclosed is a copy of my letter dated October 18, 2000, requesting reinstatement and also remitting fees in the amount of \$758.75.

Additionally, please find enclosed a copy of the mailing address of the dissolution document (the backside of the Certificate of Administrative Dissolution or Revocation) which shows a big question mark apparently written by someone from the United States Postal Service, questioning the address.

My office never received any of the previous 2001 calendar year uniform business reports to be completed for C T Rehab, Inc. I do not believe that it is fair that this corporation should be required to pay fees in excess of \$150.00 every year simply because the United States Postal Service does not deliver the mail as it is addressed. Therefore, it is respectfully requested that the corporation be allowed to renew its uniform business report at the standard amount of \$150.00.

2023

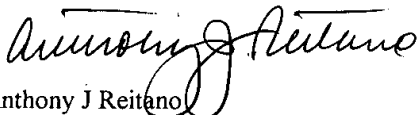
October 18, 2001

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Letter to Katherine Harris, Secretary of State

Please let me know if this will be satisfactory. If it should be satisfactory, please let me know how to proceed with the renewal and we will comply immediately. Thank you very much for your consideration in this matter.

Very truly yours,



Anthony J Reitano
Certified Public Accountant

cc: Mierial Gage, President
C T Rehab, Inc