

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
TALLAHASSEE, FLORIDA

01 JUL -3 AM 10:43

DOCUMENT # **999000021732**

1. Corporation Name

**Colonial Rehabilitation
of Florida, Inc.**

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

9951 Atlantic Blvd

Suite, Apt. #, etc.

9378 Arlington Expwy

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32225

Country

USA

Zip

32225

Country

USA

REINSTATEMENT

00-01

4. Date Incorporated or Qualified
To Do Business in Florida

3-9-99

5. FEI Number

65-0902739

Applied
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

Keith E. Rayne

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

9951 Atlantic Blvd.

Suite, Apt. #, Etc.

Ste. 316

City

Jacksonville

State
FL

Zip Code

32225

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.

Signature of
Registered Agent

Keith E. Rayne

REGISTERED AGENT MUST SIGN

Date

6-29-01

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
D/P	Keith E. Rayne	118 Cherryfield Ln.	Savannah, GA 31419

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*****999.99 ***999.99**

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 E. Rayne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-29-01

Daytime Phone #

904-725-7006