

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 JUL -2 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000042354**

1. Corporation Name

*Gulf Coast Rehabilitation and
Wellness Center, Inc*

2. Principal Office Address - No P.O. Box #

6250 Park Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

6250 Park Blvd

Suite, Apt. #, etc.

City & State

Pineles Park FL

City & State

Pineles Park FL

Zip

33781

Country

USA

Zip

33781

Country

USA

REINSTATEMENT

04-07

CR2E081 (1/07)

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

5-10-1999

5. FEI Number

59-3575243

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Lee, Kevin R

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

6250 Park Blvd

Suite, Apt. #, Etc.

City

Pineles Park

State

FL

Zip Code

33781

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Dr Lee

Date

6/28/07

REGISTERED AGENT MUST SIGN

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
<i>D</i>	<i>Lee, Kevin R</i>	<i>2395 Campbell Rd</i>	<i>Cleerwater, FL 33765</i>

800105868008
07/10/07--01039--009 **\$800.00

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 contained in Chapter 119, 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:

Dr Lee

Kevin R Lee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/28/07

Daytime Phone #

727-541-2520

7/5/07