

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P99000062071

Entity Name: REHAB KINETICS, INC.

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

11535 CORTEZ BOULEVARD  
BROOKSVILLE, FL 34613

**New Principal Place of Business:**

**Current Mailing Address:**

11535 CORTEZ BOULEVARD  
BROOKSVILLE, FL 34613

**New Mailing Address:**

FEI Number: 59-3589120

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ILAGAN, FE NANCY B  
11535 CORTEZ BOULEVARD  
BROOKSVILLE, FL 34613 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: FE NANCY ILAGAN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: ILAGAN, FE NANCY B  
Address: 8468 W. PERIWINKLE LANE  
City-St-Zip: HOMOSASSA, FL 34446 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: FE NANCY ILAGAN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

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04/26/2012

\_\_\_\_\_  
Date