

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 23 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **999000006765**
1. Corporation Name
RAINforest. Rehabilitation, Inc.

REINSTATEMENT 2003
0000256963018
12/23/03--01004--021 **750.00

2. Principal Office Address
4201 N. State Rd 7
Suite, Apt. #, etc.

3. Mailing Office Address
[Signature]
Suite, Apt. #, etc.

City & State
Land Lakes, FL
Zip
33319
Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida **2000**
5. FEI Number
650984108
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
DR FRANK FALOWSKI
Street Address (P.O. Box Number is Not Acceptable)
4201 N. State Rd 7
Suite, Apt. #, Etc.
Land Lakes FL 33319
City

State
FL
Zip Code
33319

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **12-15-03**

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
pres	DR FRANK FALOWSKI	4201 N. State Rd 7	Land Lakes FL
treas			33319

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]
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-15-03

Date

Daytime Phone #

(954) 676-5508

CFR2001 (10/02)