

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 NOV -5 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S10649

1. Corporation Name
FORT LAUDERDALE CENTER FOR THERAPY AND REHABILITATION, INC.

Principal Place of Business 410 N.E. 44TH ST. FT. LAUDERDALE FL 33334	Mailing Address 410 N.E. 44TH ST. FT. LAUDERDALE FL 33334
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	4. Date Incorporated or Qualified To Do Business in Florida 11/05/1990	5. FEI Number 65-0228704 Applied For Not Applicable
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VTS	PETRIE, MICHAEL F.	410 N.E. 44TH ST.	FT. LAUDERDALE FL
P	PETRIE, DALE	400 E PROSPECT RD	FT LAUDERDALE FL
P/S	GOLDMAN, JEROME B.	1300 CROWN POINT	WELLINGTON, FL. 33414
V/T	FERNANDEZ, MAX	4001 S. OCEAN DRIVE	HOLLYWOOD, FL 33019
			800003046478--0 11/17/99 01002-008 ****750.00 ****750.00

8. Name and Address of Current Registered Agent MICHAEL F. PETRIE 410 NE 44 ST FT. LAUDERDALE FL 33062	9. Name and Address of New Registered Agent Name: JEROME GOLDMAN Street Address (P.O. Box Number is Not Acceptable): 1300 CROWN POINT Suite, Apt. #, Etc.: City: WELLINGTON State: FL Zip Code: 33414
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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: *Jerome B. Goldman* Date: 11/2/99
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: *Jerome B. Goldman* KE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 11/2/99 Daytime Phone #