

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

Mailing Address

410 N.E. 44TH ST.  
FT. LAUDERDALE FL 33334

410 N.E. 44TH ST.  
FT. LAUDERDALE FL 33334

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/05/1990

5. FEI Number

65-0228704

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers<br>and/or Directors | 3 Street Address of Each<br>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 01002-009      |
|            |  |   | *****750.00 *****750.00 |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MICHAEL F. PETRIE

410 NE 44 ST

FT. LAUDERDALE FL 33062

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

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*  
REGISTERED AGENT MUST SIGN

Date 11/2/99

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/2/99

Date

Daytime Phone #

KE