


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortharth Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S98348**

1. Corporation Name

BAY AREA REHAB SERVICES, INC.

Principal Place of Business

Mailing Address

302 S. BRYAN RD.
#2
BRANDON FL 33511

302 S. BRYAN RD.
#2
BRANDON FL 33511

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

PO Box 1907
Brandon FL
33502-1907 **USA**

4. Date Incorporated or Qualified To Do Business in Florida

12/02/1991

5. FEI Number

59-3094907

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 and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	MARCUS, JUDITH A. SELTRECHT	P.O. BOX 1907 302 S. BRYAN RD #2	BRANDON FL 33502-1907 33511

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~GRECO, FRANK J.~~
~~1715 N WESTSHORE BLVD~~
~~SUITE 750~~
~~TAMPA, FL 33607-3926~~

Name

JUDITH A SELTRECHT

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

PO Box 1907 302 S. BRYAN RD

Suite, Apt. #, Etc.

2

City

BRANDON

State

Zip Code

FL

33502-1907

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-18-98

813-681-3795

APPROVED
AND
FILED

98 DEC 14 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 98

CR2E040 (9/93)