

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

DOCUMENT # V52078

1. Corporation Name

REHAB SPECIALISTS, INC.

99 JAN -4 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3750 US 27 N STE 4E SEBRING FL 33870 US	3750 US 27 N STE 4E SEBRING FL 33870 US



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

2. New Principal Office Address, If Applicable 5921 US 27 N Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable 5921 US 27 N Suite, Apt. #, etc.
City & State SEBRING, FL	City & State SEBRING, FL
Zip 33870 Country USA	Zip 33870 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 07/20/1992
5. FEI Number 59-3136662
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PD	SORIANO, EDWIN M.	103 13TH ST. SE 2525 E. LAKE HARTDRIDGE	WINTER HAVEN FL 33881
VD	LADIA, AMOR	1829 6TH STREET SE 2233 12TH ST. NW	WINTER HAVEN FL 33881
SD	BAUTISTA, JESSIE	310 E CAMPOR ST 2065 W. MARLIN RD	AVON PARK FL 33825
TD	PASCUAL, JAMES	924 S. HERON CIRCLE	WINTER HAVEN FL 33884
			280002735322-1 -01/11/99--01011-016 ****150.00 ****150.00

8. Name and Address of Current Registered Agent SORIANO, EDWIN M. 103 13TH ST. SE WINTER HAVEN FL 33880	9. Name and Address of New Registered Agent Name EDWIN M. SORIANO Street Address (P.O. Box Number is Not Acceptable) 2525 E. LAKE HARTDRIDGE Suite, Apt. #, Etc. City WINTER HAVEN State FL Zip Code 33881
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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 SIGNATURE REQUIRED Date 12/10/98

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)(f), 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 12-29-98 941-471-9953

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/88)



2012

REHAB SPECIALISTS, INC.

December 10, 1998


To whom it may concern:

We are now just filing our annual report because we did not received the prior notices because we moved to a new location. Our new location and the new addresses of the officers are reflected on the application.

I called your office regarding the situation we are advise to write you a letter and the fee will be \$150.00 instead of said amount of \$650.00 since we did not received prior notices due to we moved to a new location.

Thank you for your kind consideration.

Sincerely,


Amor M. Ladia, P.T.
Vice President