


1052

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000115751

1. Entity Name
PRECIOUS THERAPY & REHAB CENTER FOR KIDS INC.



FILED
08 NOV -3 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 8300 W FLAGLER STREET, SUITE 150, MIAMI, FL 33126
Mailing Address: 8300 W FLAGLER STREET, SUITE 150, MIAMI, FL 33126

2. Principal Place of Business - No P.O. Box: 8300 W. Flagler St., Suite #150, Miami, Florida 33144, U.S.A.
3. Mailing Address: Suite, Apt. #, etc. (blank), City & State (blank), Zip (blank), Country (blank)



REINSTATEMENT 2008
10/29/08
WOP

4. FEI Number: 16-1730156
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: TABARES, MARLYS, 1882 NW 21ST TERR, MIAMI, FL 33126
7. Name and Address of New Registered Agent: Name: TABARES, Marly's; Street Address: 8933 S.W. 25th STREET; City: Miami, FL 33165

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE: *Marly's Tabares* DATE: 10/29/08
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: DPSV NAME: TABARES, MARLYS STREET ADDRESS: 1882 NW 21ST TERR CITY-ST-ZIP: MIAMI, FL 33142	<input type="checkbox"/> Delete	TITLE: DPSV NAME: TABARES, Marly's STREET ADDRESS: 8933 S.W. 25th St. CITY-ST-ZIP: MIAMI, FL 33165	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: TABARES, MARLYS STREET ADDRESS: 1882 NW 21ST TERR CITY-ST-ZIP: MIAMI, FL 33142	<input type="checkbox"/> Delete	TITLE: T NAME: TABARES, Marly's STREET ADDRESS: 8933 S.W. 25th St. CITY-ST-ZIP: MIAMI, FL 33165	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [blank] NAME: [blank] STREET ADDRESS: [blank] CITY-ST-ZIP: [blank]	<input type="checkbox"/> Delete	TITLE: [blank] NAME: [blank] STREET ADDRESS: [blank] CITY-ST-ZIP: [blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [blank] NAME: [blank] STREET ADDRESS: [blank] CITY-ST-ZIP: [blank]	<input type="checkbox"/> Delete	TITLE: [blank] NAME: [blank] STREET ADDRESS: [blank] CITY-ST-ZIP: [blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
SIGNATURE: *Marly's Tabares* Date: 10/29/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Marly's Tabares, President
Daytime Phone #

2052



To: State of Florida
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

HEREBY WE CERTIFY, that we never received the forms for Annual Report for the year 2008 and on this base, we request from you, to please, waive the penalty for late filing, and enclosed please find complete form with check payable to your Order for \$150.00

Corporation Name: PRECIOUS THERAPY & REHAB CENTER FOR KIDS INC.

Document Number: P05000115751

Thanks.

Sincerely yours,

President
MARLYS TABARES

Sworn to and subscribed before me this 29 day of OCTOBER, 2008

Notary Public

STATE OF FLORIDA AT LARGE

MY COMMISSION EXPIRES

