

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000156879

1. Entity Name
THE PROFESSIONAL RE-HAB CENTER INC.



FILED
07 FEB 16 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

3421 SW 89 CT 3421 SW 89 CT
MIAMI, FL 33165 MIAMI, FL 33165

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

11373 W Flagler ST **11373 W Flagler ST**
Suite, Apt. #, etc. Suite, Apt. #, etc.

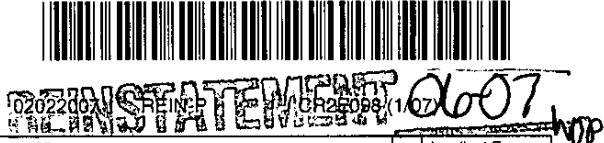
201 **201**

City & State City & State

Miami Florida **Miami, FL**

Zip Country Zip Country

33174 **U.S.A.** **33174** **U.S.A.**



6. Name and Address of Current Registered Agent

MURGA, ALAIN
3421 SW 89 CT
MIAMI, FL 33165

4. FEI Number Applied For

51-0563201 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name **Alain J. Murga.**

Street Address (P.O. Box Number is Not Acceptable)
13901 SW 8 terrace

City **Miami** FL Zip Code **33184**

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: **President** DATE: **02/07/2007**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURGA, ALAIN	NAME	
STREET ADDRESS	13901 SW 8 TERR	STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33184	CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, DAVID	NAME	500093747405
STREET ADDRESS	14740 SW 98 AVE.	STREET ADDRESS	03/19/07--01059--012 **308.75
CITY - ST - ZIP	MIAMI, FL 33176	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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: DATE: **02/07/2007** (305) 228-4545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR