


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT 24 PM 5:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000001480

1. Corporation Name

A+ QUALITY REHAB CENTER INC.

Principal Place of Business

Mailing Address

5040 NW 7 STREET
SUITE 822
MIAMI FL 33126

XIOMARA LEE
9100 S. DADELAND BLVD., SUITE 402
MIAMI FL 33156



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

REINSTATEMENT

2001

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

03/12/1998

A+ Quality Rehab Center

XIOMARA LEE, P.A.

Suite, Apt. #, etc. 1150 N.W. 72ND AVE #720

Suite, Apt. #, etc. 2380 S.W. 70 LN.

City & State Miami, FL.

City & State Miami, FL.

Zip 33126

Zip 33155

5. FEI Number

65-0819550

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	4 City / State / Zip
D	FREEMAN, ARNOLD	5040 N.W. 7 ST., SUITE 822	MIAMI FL 33126
D	FREEMAN, SUSAN	232 HILLSPPOINT RD.	WESTPORT CT 06880
D	PHEU, FRANCES	9300 SUNRISE LAKE BLVD.	SUNRISE FL 33322
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			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FREEMAN, ARNOLD
5040 N.W. 7 ST. SUITE 822
MIAMI FL 33126

Name
FREEMAN, ARNOLD
Street Address (P.O. Box Number is Not Acceptable)
1150 N.W. 72ND AVE. Suite 720
Suite, Apt. #, Etc.
Miami, FL.
City State Zip Code
FL 33126

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

Date 10/19/01

REGISTERED AGENT MUST SIGN

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)(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:

Date 10/19/01 305-715-0433
Daytime Phone #

CR2040 (8/01)