PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC 24 AM 8:01

DOCUMENT # P01000019866

REINSTATEMENT 02

1. Corporation Name

METRO REHAB OF ORLANDO, INC.

Principal Place of Business	Mailing Address
672 N SEMORAN BLVD. SUITE 205 ORLANDO FL 32807	672 N SEMORAN BLVD. SUITE 205 ORLANDO FL 32807

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
1140 S. SEMORAN BL	
Suite, Apt. #, etc. SUITE "E"	Suite, Apt. #, etc. SAME
City & State ORLANDO	City & State
Zip ~~32~~ 32807 Country ORANGE	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 02/22/2001

5. FEI Number 593617535 — 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	~~ROMAN~~, LIZZETTE ALCARAZ	~~672 N SEMORAN BLVD~~, SUITE ~~205~~ 5 1140 S. SEMORAN BL	ORLANDO FL 32807
D	ALCARAZ, LUIS E	~~672 N SEMORAN BLVD~~, SUITE ~~205~~ 5 1140 S. SEMORAN BL	ORLANDO FL 32807
		800008640768 10/29/02--01008--026 **600.00	
		800008640768 12/24/02--01006--007 **150.00	

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ALCARAZ ~~ROMAN~~, LIZZETTE ~~672 N SEMORAN BLVD, SUITE 205~~ 1140 S. SEMORAN BL STE "E" ORLANDO FL 32807	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City — State FL — Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent X SIGNATURE REQUIRED — Date 10/24/02

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)(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.

12/3/02

SIGNATURE: SIGNATURE REQUIRED — Luis E. Alcaraz — 10/24/02

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