

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

**FILED**

99 JUL 12 PM 4:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** 602544

1. Corporation Name

Eastman Rehab Center, Inc.

Principal Place of Business

Eastman Rehab Center  
El Ponce de Leon  
Healthcare Center  
335 S.W. 12th Avenue  
Miami, FL 33130

Mailing Address

1111 Biscayne Blvd.  
Suite # 1705  
Miami, FL 33152

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

500002939075--9

-07/22/99--01088--007

\*\*\*1050.00 \*\*\*1050.00

2. New Principal Office Address, If Applicable

Suite, Apt #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Marsha G. Madorsky, Esq.

2665 S. Bayshore Drive

Suite # 603

City & State  
Miami, Florida

Zip  
33133

Country  
U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

5/9/1980

5. FEI Number

59-2005694

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Off	Isaac Mizrahi	11111 Biscayne Blvd, #1705	Miami, FL 33136
Off	Isaac Mizrahi	11111 Biscayne Blvd, #1705	Miami, FL 33136

**REINSTATEMENT 99-99 ITS**

8. Name and Address of Current Registered Agent

B & C Corporate Services  
201 S. Biscayne Blvd.  
Suite 3005  
Miami, FL 33131

9. Name and Address of New Registered Agent

Name  
Marsha G. Madorsky, Esq.  
Street Address (P.O. Box Number is Not Acceptable)  
2665 S. Bayshore Drive  
Suite, Apt #, Etc  
# 603  
City  
Miami

State  
FL

Zip Code  
33133

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]*

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes 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)(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.

*[Signature]*

Atty for Estate of  
Isaac Mizrahi

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARSHA G. MADORSKY

5-18-99  
Date

(305) 852-0879  
Daytime Phone #

CR92081 (12/98)

POWER OF ATTORNEY

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KNOW ALL MEN BY THESE PRESENTS that ILENE BLUM and GAIL LASRIS, as the Co-Personal Representatives of the ESTATE OF ISAAC MIZRAHI, have made, constitute and appointed, and by these presents does make, constitute and appoint MARSHA G. MADORSKY, as their true and lawful attorney for them and in their name, place and stead to take any and all necessary actions as may be necessary or required in conjunction with any and all matters concerning the administration and finances by giving and granting unto MARSHA G. MADORSKY, said attorney, full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises in conjunction with the reinstatement of the following corporations:

- Eastman Rehab Center, Inc.
- Palmetto Extended Care Center, Inc.
- Arch Creek Nursing Home, Inc.
- Snapper Creek Nursing Home, Inc.
- Jackson Manor Nursing Home, Inc.
- J.A.S.P., Inc.;

to all intents and purposes, as they might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming that MARSHA G. MADORSKY as said attorney for them shall lawfully do or cause to be done by virtue hereof from this date forward until otherwise provided for.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 22 day of JUNE, 1999.

Sally Clapette  
(Witness)

James G. Grimal  
(Witness)

Bert Green  
(Witness) GERT GREEN

Harold  
(Witness) HARRY GARDNER.

ESTATE OF ISAAC MIZRAHI

By: Ilene Blum  
ILENE BLUM, Co-Personal  
Representative

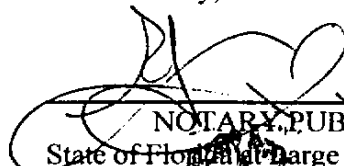
By: Gail Lasris  
GAIL LASRIS, Co-Personal  
Representative

STATE OF FLORIDA       )  
COUNTY OF BROWARD    )

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I HEREBY CERTIFY that on this date, before me, an officer duly authorized in the State aforesaid, to take acknowledgements, personally appeared GAIL LASRIS to me known to be the person described in or who has produced DL as identification, and who executed the foregoing Power of Attorney, and she acknowledged before me that she executed same.

My Commission Expires:


  
NOTARY PUBLIC  
State of Florida at Large   E. J. TAYLOR  
COMMISSION # CC623876  
Printed name of Notary Public  
EXPIRES FEB 23, 2001  
ATLANTIC SONDING CO. INC.

STATE OF COLORADO       )  
COUNTY OF BOULDER     )

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I HEREBY CERTIFY that on this 22 day of June, 1999, before me, an officer duly authorized in the State aforesaid, to take acknowledgements, personally appeared ILENE BLUM to me known to be the person described in or who has produced Co. Drivers License as identification, and who executed the foregoing Power of Attorney, and she acknowledged before me that she executed same.

My Commission Expires:

May 1, 2002

  
NOTARY PUBLIC  
State of Florida at Large  
BONNIE A. WILENSKY  
NOTARY PUBLIC  
COLORADO

Printed name of Notary Public