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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
OR  
REINSTATEMENT

FLORIDA DEPARTMENT OF  
Gloria F. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

03 NOV 24 AM 10:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000033324

Name and Mailing Address

0000467 01 AV 0.278 \*\*AUTO T3 1 0615 33134-315830  
THE GABLES REHABILITATION CENTER, LLC  
3727 SW 8 ST. SUITE #105  
CORAL GABLES FL 33134-3158

REINSTATEMENT *UB*



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/12/2002	
Principal Place of Business 3727 SW 8 ST. SUITE #105 CORAL GABLES FL 33134	3. New Principal Place of Business Address City, State, Zip	6. FEI Number <i>EIN 01-0758821</i>	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E084 (7/03)

8. Name and Address of Current Registered Agent SANCHEZ, ARIAS EDUARDO 3727 SW 8 ST. SUITE #105 CORAL GABLES FL 33134	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>000024947220</i> <i>11724703--01016--002 **150.00</i> City FL Zip Code
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *SIGNATURE REQUIRED* Date 11.18.03  
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	SANCHEZ, ARIAS EDUARDO	3727 SW 8 ST. SUITE #105	CORAL GABLES FL 33134

12. I certify that I am managing member/manager of the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager *SIGNATURE REQUIRED* Date 11.18.03 Daytime Phone (305) 442-0828  
Typed or printed name of signing Managing Member/Manager