H02000064226 2PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

REINSTATEMENT 2001-2002

APPROVED AND FILED
02 MAR 25 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L79226

1. Corporation Name

Rehab Marine, Inc.

2. Principal Office Address	3. Mailing Office Address
1001 Brickell Bay Dr.	1001 Brickell Bay Dr.
Suite, Apt. #, etc. 9th Floor	Suite, Apt. #, etc. 9th Floor
City & State Miami, Florida	City & State Miami, Florida
Zip 33131 Country USA	Zip 33133 Country USA

4. Date Incorporated or Qualified To Do Business In Florida 06/07/1990

5. FEI Number 65-0194919 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Miguel G. Farra

Street Address (P.O. Box Number is Not Acceptable): c/o Morrison Brown Argiz & Co., 1001 Brickell Bay Drive.

Suite, Apt. #, Etc.: 9th Floor

City: Miami | State: FL | Zip Code: 33131

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0303, F.S.

Signature of Registered Agent _____ Date 3/22/02

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Mike R.DeCardenas	6230 SW 144th Street	Miami, Florida 331

10. 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: _____ 3-22-02

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

Mike R. DeCardenas

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

REHAB MARINE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$900.00