

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # L79502**

1. Entity Name  
**THE HOLLOWAY REHABILITATION AND PAIN CENTER, INC.**



FILED

04 OCT 25 PM 4:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**12245 SW 112TH ST  
MIAMI, FL 33186**

Mailing Address  
**12245 SW 112TH ST  
MIAMI, FL 33186**

*[Handwritten signature]*

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



**REINSTATEMENT 2004**

4. FEI Number  
**65-0199895**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HOLLOWAY, JENETTE  
12245 SW 112TH ST  
MIAMI, FL 33186**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**300042120043**  
**10/25/04--01006--015 \*\*750.00**  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2005, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOLLOWAY, AARON 8353 S.W. 124TH STREET MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12245 SW 112th St. Miami, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLLOWAY, JENETTE L. 8353 S.W. 124TH STREET MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12245 SW 112th St. Miami, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOLLOWAY, SEAN M. 8353 S.W. 124TH STREET MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12245 SW 112th St. Miami, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOLLOWAY, VANESSA L. 8353 S.W. 124TH STREET MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Nolanda Sandoval 12245 SW 112th Street Miami, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:** *[Handwritten Signature]* **10/19/04** **(305) 598-9696**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #