PLEASE READ ALL INSTRUCTIONS BEFORE CO

APPLICATION FOR REINSTATEMENT

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

FILED
Nov 01 1999 8:00 am
Secretary of State

DOCUMENT # **N31065**

1. Corporation Name

CARDIAC REHABILITATION ROWING PROJECT, INC.

Principal Place of Business	Mailing Address
3941 MIDWAY ST. COCONUT GROVE FL 33133 US	P O BOX 331820 COCONUT GROVE FL 33133-1820 US

REINSTATEMENT 99

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business In Florida: 03/06/1969

5. FEI Number: 65-0116999 ☐ 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
DPT	BERCKMANS, BRUCE JR.	3941 MIDWAY STREET	MIAMI FL
DVS	MARTINEZ, ROBERTO	201 S. BISCAYNE, #900	MIAMI FL
D	TERRY, LAWRENCE	9440 NW 12TH STREET	MIAMI FL
D	WOOLF, PATRICIA K.	190 MERCER STREET	PRINCETON NJ
D	COMTE, WILLIAM H.	5000 UNIVERSITY DRIVE	MIAMI FL

700002047197--6
-11/17/99--01057--010
****245.00 ****245.00

8. Name and Address of Current Registered Agent

KLINE, CHARLES C.
C/O WHITE & CASE
200 SOUTH BISCAYNE BLVD.
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City | State: FL | Zip Code

ORZED40 (6/99)

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: Charles C. Kline Date: Oct 28, 1999
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.

AD

SIGNATURE: Bruce Berckmans BRUCE BERCKMANS 13 October 1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
305-448-0081