1 of 2

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMP

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N 99000001516

1. Corporation Name

Daniels Rehabilitation Inc.

REINSTATEMENT 01-03

2. Principal Office Address	3. Mailing Office Address
2935 Ave. F	P.O. Box 9283
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Riviera Beach, Fl.	City & State: Riviera Beach, Fl.
Zip: 33404 Country: U.S.	Zip: 33419 Country: U.S.

4. Date Incorporated or Qualified To Do Business in Florida: 3/99

5. FEI Number: 65-0909750 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED: ~~$5.00~~ $8.75 (Additional Fee required for 3 Certificate of Status)

7. Name and Address of Current Registered Agent

Name: Harmony Harley

Street Address, P.O. Box Number is Not Acceptable: 1620 W. 35th St.

100026596531
01/14/04--01065--007 ** 22.50

Suite, Apt. #, Etc.:

City: Riviera Beach. State: FL Zip Code: 33404

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Harmony Harley
REGISTERED AGENT MUST SIGN

Date: 12-22-03

CR2E081 (10/02)

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
President	Beauford Daniels	11224 47th lane No.	Royal Palm Beh. Fl. 33411
Secretary	Angelyn Wilcox	2935 Ave F	Riviera Beach, Fl. 33404
Treasurer	Harmony Harley	1620 W. 35th St.	Riviera Beach, Fl. 33404

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: Harmony Harley — 12-22-03 (561) 848-8545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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DANIELS REHABILITATION INC.

2935 AVE.F Riviera Beach 33404

To whom it may concern:

This is Harmony Harley ,Treasurer for D.R.I,Inc. We did not recieve our uniform business report for 2002, and I am trying to pay the fee for that year. The amount in question $122.50 that I am enclosing to reinstate D.R.I,Inc. The correct mailing addreess is P.O Box 9283 riviera beach, fl 33404

Thank You
Harmony Harley
(treasurer)