PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

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FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000004231

1. Corporation Name
GRACE OF GOD COMMUNITY REHABILITATION CENTER (CDC), INC.

2. Principal Office Address	**3.** Mailing Office Address
11000 SW 216 STREET	11000 SW 216 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33170 Country: USA	Zip: 33170 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 07/14/1999

5. FEI Number: 31-1732774 ☐ 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: WAYNE D. DU'RANT, SR.

Street Address (P.O. Box Number is Not Acceptable): 15251 SW 177 TERRACE

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33187

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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: Wayne D. DuRant
REGISTERED AGENT MUST SIGN

Date: 5/3/01

CR2E061 (9/00)

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	PATRICK D. COATS	12555 SW 219 STREET	MIAMI, FL 33170
D	WAYNE D. DU'RANT, SR.	15251 SW 177 TERRACE	MIAMI, FL 33187
T	MELVIN LINDSAY	11624 SW 102 COURT	MIAMI, FL 33176

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: Patrick D. Coats PATRICK D. COATS 5/03/01 305-251-6689
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #