

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAR 14 PM 2:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # P00000007911

1. Corporation Name

INJURIES REHAB. CENTER INC.

2. Principal Office Address

7801 CORAL WAY,

Suite, Apt. #, etc.

132

City & State

MIAMI, FLORIDA

Zip

33155

Country

USA

3. Mailing Office Address

7801 CORAL WAY

Suite, Apt. #, etc.

132

City & State

MIAMI, FLORIDA

Zip

33155

Country

USA

**REINSTATEMENT**

**01-02**

4. Date Incorporated or Qualified  
To Do Business in Florida

01/25/2000

5. FEI Number

65-1014210

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

CATALINA FUENTES

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

10060 SW 4th. STREET

Suite, Apt. #, Etc.

City

MIAMI

State  
**FL**

Zip Code

33174

200005183522-9

04/02/02 01055-009

\*\*\*\*750.00 \*\*\*\*750.00

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

*Catalina Fuentes*

Date 03/11/2002

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
P	CATALINA FUENTES	10060 SW 4th. STREET	MIAMI, FL 33174

04/30/01 90433 014 \$158.75

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)(f), 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: *Catalina Fuentes* CATALINA FUENTES PRESIDENT 03/11/2002 (305) 267-5008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E081 (9/01)