

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000010522

1. Corporation Name

PHYSICAL REHABILITATION CENTERS INC

2. Principal Office Address
12012 MIRIMAR PARKWAY

Suite, Apt. #, etc.

City & State
MIRIMAR FL

Zip
33025

Country
BROWARD

3. Mailing Office Address
12012 MIRIMAR PARKWAY

Suite, Apt. #, etc.

City & State
MIRIMAR FL

Zip
33025

Country
BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida 1/25/2000

5. FEI Number
65-0976901

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
LUIS ANAYA

Street Address (P.O. Box Number is Not Acceptable)
5159 SW 121ST TERRACE

Suite, Apt. #, Etc.

City
COOPER CITY

State
FL

Zip Code
33330

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

REGISTERED AGENT MUST SIGN

Date 11/08/06

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/D	LUIS ANAYA	5159 SW 121ST TERRACE	COOPER CITY FL 33330

2000081853892
11/15/06-01037-022 **500.00

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/8/06

Date

954-432-6829

Daytime Phone #

Gerald M. Pepper & Associates, P.A.
Certified Public Accountants

MEMBER

American Institute of Certified Public Accountants
Florida Institute of Certified Public Accountants
New York State Society of Certified Public Accountants

Colonial Place, Suite 114
1515 University Drive
Coral Springs, Florida 33071
(954) 755-5007

NOVEMBER 8, 2006

DIVISION OF CORPORATIONS
CLIFTON BUILDING
2661 EXECUTIVE CENTER CIRCLE
TALLAHASSEE FL 32301

RE: PHYSICAL REHABILITATION CENTERS INC
#P00000010522

GENTLEMEN:

MY CLIENT HAS NOT RENEWED ITS ANNUAL REPORT SINCE 2002 AND HAS BEEN DISSOLVED. IT IS IMPORTANT FOR HIS COMPANY TO BE REINSTATED. HE IS IN BAD FINANCIAL SHAPE AND NEEDS TO BE REINSTATED TO GET CONTRACTS WITH INSURANCE COMPANIES WHICH WILL SUSTAIN HIS BUSINESS.

THE COMPANY DID NOT RECEIVE ANY NOTICES FOR 2003, 2004, 2005 AND 2006 REGARDING THE ANNUAL REPORT FILING. ENCLSOED IS HIS CHECK IN THE AMOUNT OF \$600 COVERING THE YEARS 2003,2004, 2005 AND 2006.

AS DISCUSSED WITH MARQUITTA TODAY, IT IS REPSECTFULLLY REQUESTED THAT THE PENALTY BE WAIVED. MY OFFICE HAS SET HIS COMPANY UP ON OUR ANNUAL REPORT DATABASE TO PRECLUDE THIS FROM HAPPENING AGAIN.

VERY TRULY YOURS,
GERALD M. PEPPER & ASSOCIATES PA



GERALD M. PEPPER CPA