

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000020927

1. Corporation Name

NEW HORIZON REHAB CONSULTING, INC.

Principal Place of Business

Mailing Address

1335 S.W. 139TH AVENUE
MIAMI FL 33184

1335 S.W. 139TH AVENUE
MIAMI FL 33184

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

02/29/2000

5. FEI Number

Applied For

65-0987599

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
PVST	LARREA, FRANCISCO	1335 S.W. 139TH AVENUE	MIAMI FL 33184
D	LARREA, FRANCISCO	1335 S.W. 139TH AVENUE	MIAMI FL 33184

9000004745129--0

-12/31/01-01058-016

****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LARREA, FRANCISCO
1335 S.W. 139TH AVENUE
MIAMI FL 33184

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Date

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/26/01

(305) 825 2200

CR20040 (8/01)

2082

NEW HORIZON REHAB CONSULTING, INC.

1335 SW 139TH AVE., MIAMI FL 33184

October 25, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

This is to notify you that I never received the renewal for the corporation, New Horizon Rehab Consultant Inc. Although, I did receive the Certificate of Administrative Dissolution or Revocation letter stating that my corporation was revoked. For this reason, I am enclosing the Reinstatement application with a check for the amount of \$150.00 to reinstate my corporation.

Sincerely



Frank Larrea
Preseident