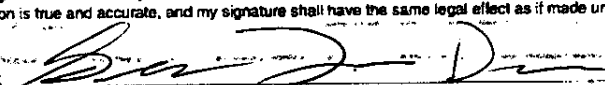


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		04 MAY -3 AM 8:25 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P000000 32 548					
1. Corporation Name West colonial Therapy Center, Inc.					
2. Principal Office Address		3. Mailing Office Address			
		11500 NW 6 th PL			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
		Plantation, FL			
Zip	Country	Zip	Country		
	USA	33325	USA		
4. Date Incorporated or Qualified To Do Business in Florida 3-22-2000					
5. FEI Number 59-3642087					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 TRIANA, Sergio 800035260863					
Street Address (P.O. Box number is Not Applicable) 11500 NW 6 PLACE					
Suite, Apt. #, Etc.					
Plantation					
State FL Zip Code 33325					
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  Date 4-22-04					
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	
D	Triana, Sergio	11500 NW 6 PL		Plantation, FL 33325	
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:  Date 4-22-04 954 370-2510					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR25001 (01/04)

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