

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P00000064756

**1. Corporation Name**

GLOBAL REHAB CENTER, INC.

**2. Principal Office Address - No P.O. Box #**

15921 Biscayne blvd

Suite, Apt. #, etc.

City & State

North Miami Beach, FL

Zip

33160

Country

USA

**3. Mailing Office Address**

15921 Biscayne blvd

Suite, Apt. #, etc.

City & State

North Miami Beach, FL

Zip

33160

Country

USA

**7. Name and Address of Current Registered Agent**

Name

GOLDIN, MICHAEL

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

20936 NE 37th ave

Suite, Apt. #, Etc.

City

Aventura

State

FL

Zip Code

33180

**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 10/23/08

**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	GOLDIN, MICHAEL	20936 NE 37th ave	Aventura, FL 33180

**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

10/23/08

Date

305-940-8099

Daytime Phone #

FILED

08 OCT 27 PM 4:33

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

300137322083  
10/27/08--01049--002 \*\*300.00

REINSTATEMENT  
CR2E081(10/08)

07-08

**4. Date Incorporated or Qualified  
To Do Business in Florida**

07/05/2000

**5. FEI Number**

651022569

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.