2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000079220				FILED
CORAL WAY INJURY CENTER, INC.				05 MAR 25 PM 1: 36
District Man	(B)	Matter Address	000 FF 199	
Principal Place of Business Mailing Address 2731 CORAL WAY 2731 CORAL WAY				SECRETARY OF STATE FALLAHASSEE, FLORIDA
MIAMI, FL 3		MIAMI, FL 33145		TALLATIAGGEL, TEORIDA
			-	
2-Principal Place of Business 3. Mailing Address 4-San			ane"	
Suite, Apt. #, etc # / 63		Suite, Apt. #, etc.		REMOSTATEMENT (94-05
Sity State City & State		City & State		4. FEI Number Applied Fe Not Applied Fe Not Applied Fe
27 U	Country	Zip —	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
3317-	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent
LEON, MIGUEL A				
2371 CORAL WAY			Street Addres	ss (P.O. Box Number is Not Acceptable)
MIAMI, FL	33145	·		
		1	City	FL Zip Code
8. The above named entry supprishing statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept				
the obligations of edistributions of edistributi				
SIGNATURE Signature, types or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating) DATE				
FII	LE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	PD - LEON, MIGUEL A	☐ Delete	TITLE NAME	Change Addition
STREET ADDRESS	18501 S.W. 44TH STREET		STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR, FL 33029		CITY-ST-ZIP	
TITLE NAME	PD LEON, DAYSI	☐ Delete	TITLE NAME	Change Addition
STREET ADDRESS CITY-ST-ZIP	18501 S.W. 44TH STREET		STREET ADDRESS CITY-ST-ZIP	
TITLE	MIRAMAR, FL 33029 .	☐ Delete	TITLE	Change Addition
NAME			NAME	900049888219
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	04/05/0501018004 **308.75
TITLE	`	☐ Delete	TITLE	Change Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	0 4/1
CITY-ST-ZIP			CITY-ST-ZIP	16911
TITLE NAME		☐ Delete	TITLE NAME	₩ \ \ ☐ Change ☐ Addilion
STREET ADDRESS			STREET ADDRESS	1
CITY-ST-ZIP		☐ Delete	CITY-\$1-ZIP	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS CITY-ST-ZIP	·		STREET ADORESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not healify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is the and accurate and that my signature shall have the same legal effect as if made under cath, that I am an officer or director.				
12. I hereby certify that the information supplied with this filing does not realify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is in an anofficer or director of the corporation or the receiver in the supplemental report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with the supplemental report is required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with the supplemental report is required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with the supplemental report is required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with the supplemental report is required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed in the supplemental report is required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed in the supplemental report is required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed in the supplemental report is required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed in the supplemental report is required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes; and that my n				
SIGNATURE: SIGNAME AND TYPED GOPPEINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECTOR DATE OF D				
l 	SIGNATURE AND ITED OFFI	I HAME OF GIGHNING OFFICER OF		Dete Daypine Friorie #