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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

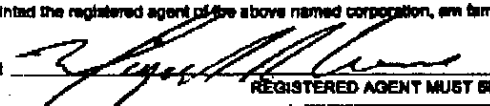
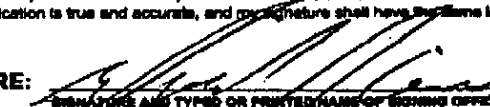
CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000079220					
1. Corporation Name Coral Way Injury Center, Inc.					
2. Principal Office Address 2371 Coral Way			3. Mailing Office Address 2371 Coral Way		
Suite, Apt. #, etc. —			Suite, Apt. #, etc. —		
City & State Miami, Fl.			City & State Miami, Fl.		
Zip 33145	Country USA		Zip 33145	Country USA	

REINSTATEMENT

02-03

4. Date Incorporated or Qualified To Do Business in Florida		Applied For	
5. FBI Number 65-1034636		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☒		\$3.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Miguel A. Leon	
Street Address (P.O. Box Number is Not Acceptable) 2371 Coral Way	
Suite, Apt. #, Etc. —	
City Miami	State FL
	Zip Code 33145

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.			
Signature of Registered Agent 		Date 02/10/03	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Miguel A. Leon	13272 SW 51 st St.	Miramar, Fl. 33027
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 807 or 817, 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 807.0401 or 817.0401, 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: 		Miguel A. Leon 02/10/03	
PRINT NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : ANA DALMAU ARES, P.A.
Account Number : I20000000268
Phone : (305)229-8256
Fax Number : (305)229-8252

CORPORATION REINSTATEMENT

CORAL WAY INJURY CENTER, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$908.75