

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 18 PM 1:40

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2002



700009094687
11/20/02--01014--009 **750.00

DOCUMENT # P00000088481

1. Corporation Name

LCS MEDICAL REHABILITATION, INC.

Principal Place of Business

9533 S.W. 40TH ST.
MIAMI FL 33165

Mailing Address

9533 S.W. 40TH ST.
MIAMI FL 33165

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

10021 SW 40 ST

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip Country
33165 FL

3. New Mailing Office Address, If Applicable

10021 SW 40 ST

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip Country
33165 FL

4. Date Incorporated or Qualified
To Do Business in Florida

09/19/2000

5. FEI Number

65-1041364

Applied For

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	LORENZO, LORENZO	7237 S.W. 158TH AVE.	MIAMI FL 33193
VD	NUNEZ, CESAR	14270 SW 38TH TERRACE	MIAMI FL 33175
S	MOREJON, SAHILY	14270 SW 38 TERR	MIAMI FL 33175

8. Name and Address of Current Registered Agent

LORENZO, LORENZO
7237 S.W. 158TH AVENUE
MIAMI FL 33193

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

11/14/02

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/02

(305) 226-8288

CR2E040 (8/02)