

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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CR2E081 (12/05)

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1000000 88728.			
1. Corporation Name Health South Rehabilitation Center, Inc.			
2. Principal Office Address 1710 NW 7ST		3. Mailing Office Address 1710 NW 7ST	
Suite, Apt. #, etc. #9.		Suite, Apt. #, etc. #9.	
City & State Miami, FL		City & State Miami, FL	
Zip 33125	Country	Zip 33125	Country

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 65-1040461	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Roy Canizares		
Street Address (P.O. Box Number is Not Acceptable) 1710 NW 7ST		
Suite, Apt. #, Etc. #9.		
City Miami	State FL	Zip Code 33125

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 Roy Canizares Date _____

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 Officer and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Roy Canizares	1710 NW 7ST #9	Miami FL 33125

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: Roy Canizares

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Peru

DECEMBER 26, 2005

DIVISION OF CORPORATIONS
REINSTATEMENT DEPARTMENT
P.O. BOX 6327
Tallahassee, FL. 32314

**Ref: HEALTH SOUTH
REHABILITATION CENTER, INC.
FEIN 65-1040461**

Dear sirs:

HEALTH SOUTH REHABILITATION CENTER, INC., already sent you its Annual Report on April 08 with a check payable to you for \$ 150.00 that was never cashed . Concerned about this, I called you on MAY 26 asking about the Renewal of the Corporation and I was told by someone on your office to be patient and wait because your offices were processing enormous amounts of documents.

Today, I received a notice of intent to dissolve my corporation I called again and I have been requested to send you a letter explaining this issue and a check for \$ 150.00.

Please I am requesting to waive the penalties and reinstate My Corporation

Thank you very much for your attention to this matter.

Sincerely,



**ROY CANIZARES
HEALTH SOUTH REHABILITATION CENTER, INC.**