

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 FEB 18 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000106636

1. Corporation Name

Hialeah Rehabilitation Service Corp.

2. Principal Office Address

551 W. 51 Place

3. Mailing Office Address

Same

Suite, Apt. #, etc.

305

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

Zip

33012

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/15/00

5. FEI Number

65-1084719

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Lazara Amparo Muñoz

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

551 W. 51 Place

600005050608--6

Suite, Apt. #, Etc.

305

03/06/02 01064 001

***308.75 ***308.75

City

Hialeah

State

FL

Zip Code

33012

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

2/11/2002

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
PD	Lazara A. Muñoz	551 W. 51 Place #305	Hialeah FL 33012

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 under section 119.07(3)(f), 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

Lazara A. Muñoz

Date

305 698-1212

Daytime Phone #

CR2E081 (9/01)