

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JAN -8 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000018644

1. Corporation Name

ALL AMERICAN REHABILITATION CENTER, INC.

**REINSTATEMENT 02-04**

400026409654  
01/08/04--01007--013 \*\*458.75

2. Principal Office Address

1840 W 49 St.

3. Mailing Office Address

1840 W 49 St.

Suite, Apt. #, etc.

403

Suite, Apt. #, etc.

403

City & State

HIALEAH, FLORIDA.

City & State

HIALEAH, FLORIDA.

Zip

33012

Country

USA

Zip

33012

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

02-19-2001

5. FEI Number

75-3005439

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

RAMON MALDONADO

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

1840 W 49 ST.

Suite, Apt. #, Etc.

403

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

Date 01-05-2004

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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/T/D	RAMON MALDONADO	1840 W 49 St. #403	HIALEAH, FL. 33012
vp/S/D	VIVIAN MALDONADO	1840 W 49 ST. #403	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)(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:

RAMON MALDONADO  
PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-05-2004 305-556-4036

Date

Daytime Phone #

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
ANNUAL REPORT/REINSTATEMENT SECTION  
P.O. BOX 6327  
TALLAHASSEE, FL. 32314-6327

DEAR SIR:

As per our telephone conversation we are enclosing you a ck.  
in the sum of \$458.75 dollars.

Please be advise that my company move to a new address:

1840 W 49 St. #403,  
Hialeah. Florida, 33012.

AND we did not received the annual report, so, therefore we  
are pleading you to absolve the penalty charge.

please if you have any question do not hesitate to contact me,

Sincerely,



Ramon Maldonado, President  
All American Rehabilitation Center, Inc, DOCUMENT # P01000018644  
1840 W 49 St. #403,  
Hialeah. Fl. 33012.