

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV 24 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000042136

1. Corporation Name

HEALTHY BACK REHAB INC.

Principal Place of Business

Mailing Address

2901 W. OAKLAND PARK BLVD.
OAKLAND PARK FL 33311

2901 W. OAKLAND PARK BLVD.
OAKLAND PARK FL 33311

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/26/2001

5. FEI Number

65-1107066

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	GINART, ELIZABETH	2901 W. OAKLAND PARK BLVD.	OAKLAND PARK FL 33311

400024982084

11/24/03--01093--026 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PB&A FINANCIAL SERVICES CORP
13935 NW 1ST AVE
MIAMI FL 33168

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

POA Financial Svcs. Corp.
13935 NW 1st Ave.
Miami FL 33168

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

REGISTERED AGENT MUST SIGN

Date 11-20-03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-20-03 305-688-9699

CR2040 (7/03)

November 20, 2003

State of Fl Div of Corp
Po Box 627
Tallahassee, Fl. 32314

RE: P01000042136
Healthy Back Rehab, Inc

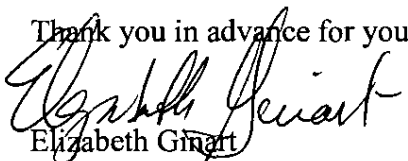
P00000079209
Health Eastern, Corp

To whom it may concern:

Please be advised by this letter that we sent the renewal for the two above mentioned corporations. This was sent since Feb. 5th 2003 and we have received a Dissolution notice for both companies. We did not keep records of the original form therefore we are sending the reinstatement notice sent by your office along with two checks for the filing fees.

Please update your records accordingly.

Thank you in advance for your cooperation.


Elizabeth Gwart
President for both Companies