PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
03 MAY 16 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400019839604
05/23/03--01029--032 **900.00

REINSTATEMENT 02-03

DOCUMENT # P01000048236

1. Corporation Name
East Gables Rehab, Inc.

2. Principal Office Address
16850 Collins Ave.

Suite, Apt. #, etc.

City & State
Sunny Isles, Florida

Zip 33160 Country USA

3. Mailing Office Address
16850 Collins Avenue

Suite, Apt. #, etc.

City & State
Sunny Isles, Florida

Zip 33160 Country USA

4. Date Incorporated or Qualified To Do Business In Florida 5/15/01

5. FEI Number 65-1104516 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 Iosif Osadchy

Street Address (P.O. Box Number Is Not Acceptable)
16850 Collins Avenue

Suite, Apt. #, Etc.

City Sunny Isles State FL Zip Code 33160

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 X [signature] 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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P,V,T,S D	Iosif Osadchy	16850 Collins Avenue	Sunny Isles, FL 33160

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: X [signature] 5/14/03

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

JL 5/16