

2005 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P01000048804	
1. Entity Name PEDIATRIC CENTER FOR COMMUNICATION & FEEDING DEFICIENCIES, INC.	

Principal Place of Business 10300 SW 72 STREET #280 MIAMI, FL 33173	Mailing Address 10300 SW 72 STREET #280 MIAMI, FL 33173
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent MUNOZ, MARIA TERESA H 14415 N KENDALL DR #G-108 MIAMI, FL 33186	
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FILED
05 NOV -4 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10132005 REIN-P CR2E098 (6/04)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

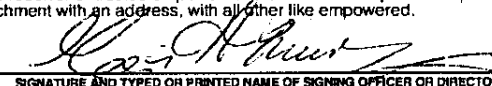
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MUNOZ, MARIA TERESA H 14415 N KENDALL DR #G-108 MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800061178428 11/07/05--01003--014 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **10/13/05** **305 5985589**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



Pediatric Center/Rehab for

Communication & Feeding Deficiencies, Inc.

10300 Sunset Drive, Suite 280 Miami, Florida 33173

Telephone: (305) 598-5589

October 13, 2005
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

**RE: Notice of Intent of Dissolution or Revocation
Document# P01000048804**

After receiving a card informing of the intent of dissolution, we immediately called "sunbiz" for assistance with this situation. We issued a check (#1596) payable to CCC (before the due date). I spoke to Barbara and she reported that the State Attorney was informed that CCC was a fraudulent corporation. As soon as the state attorney found out about this problem, checks were supposed to be sent back. As of this date, we have not received our check. Attached please find an application of reinstatement with check #1649 in the amount of \$158.75 payable to Florida Department of State for reinstatement and the Certificate of Status fee to be in compliance. If you have any questions, I can be reached at 305-5985589.

Sincerely,

Glenda Benites
Office Manager

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**RE: Notice of Intent of Dissolution or Revocation
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Glenda Benites is the office manager of Pediatric Center for Communication & Feeding Deficiencies, Inc.. Enclosed, Ms. Benites reports her findings regarding the mishandling of our payment to CCC, a fraudulent company presenting itself as the Department of State. Also, we have enclosed the 2005 for Profit Corporation Reinstatement form and payment of our yearly fee.


Teri H. Munoz (AKA: Mariateresa Munoz)
President

Enc.