

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000086365

1. Corporation Name

GOSPA REHABILITATION INC

Principal Place of Business

1490 W. 49 PL
SUITE 370
HIALEAH FL 33012

Mailing Address

1490 W. 49 PL
SUITE 370
HIALEAH FL 33012

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/31/2001

5. FEI Number

65-113937-1

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	JEAN M., GAITH M	1490 W. 49 PL SUITE 370	HIALEAH FL 33012
SVD	JEAN, RACHEL	1490 W. 49 PL SUITE 370	HIALEAH FL 33012

8. Name and Address of Current Registered Agent

JEAN, GAITH M
1490 W. 49 PL
SUITE 370
HIALEAH FL 33012

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Jeannine Gaith
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/21/02

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:

Jeannine Gaith
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/21/02

FILED

02 OCT 25 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2002 UBR

CR2E040 (8/02)

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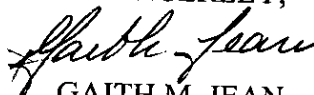
OCTOBER 21, 2002

GOSPA REHABILITATION, INC.
1490 W. 49TH PL STE# 370.
HIALEAH, FL 33012

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

ATTENTION: GENTLEMEN

THIS IS TO INFORM YOU THAT MY LATE PAYMENT WAS
UNINTENTIONAL, DUE TO THE FACT THAT I NEVER RECEIVED THE
ANNUAL REPORT. IF YOU COULD WAIVE THE LATE FEE, IT WOULD BE
KINDLY APPRECIATED.

SINCERELY,

GAITH M. JEAN
GOSPA REHABILITATION, INC.