

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000086365

1. Entity Name  
GOSPA REHABILITATION INC



FILED

04 NOV 12 PM 1:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1490 W. 49 PL  
SUITE 370  
HIALEAH, FL 33012

Mailing Address  
1490 W. 49 PL  
SUITE 370  
HIALEAH, FL 33012

2. Principal Place of Business  
1490 W 49 PL

Suite, Apt. #, etc.  
SUITE 370

City & State  
HIALEAH FL

Zip  
33012

Country  
USA

3. Mailing Address  
1490 W 49 PL

Suite, Apt. #, etc.  
SUITE 370

City & State  
HIALEAH FL

Zip  
33012

Country  
USA



11/01/04 01067 025 150.00  
11042004 REIN-P CR2E098 (6/04)

4. FEI Number  
65-1139371

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

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

## 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

*Gaith Jean Physical Therapist*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/10/04

FILE NOW!!! FEE IS \$150.00  
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME JEAN M., GAITH M  
STREET ADDRESS 1490 W. 49 PL SUITE 370  
CITY-ST-ZIP HIALEAH, FL 33012

TITLE SVD ☐ Delete  
NAME JEAN, RACHEL  
STREET ADDRESS 1490 W. 49 PL SUITE 370  
CITY-ST-ZIP HIALEAH, FL 33012

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Gaith Jean*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/04

Date

(305) 6981232

Daytime Phone #

OCTOBER 25, 2004

GOSPA REHABILITATION, INC.  
1490 W. 49<sup>TH</sup> 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,

*x Rachel Jean*  
RACHEL JEAN  
GOSPA REHABILITATION, INC.