

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FLORIDA DEPARTMENT OF STATE

Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JAN 27 PM 3:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000087795

1. Corporation Name

PREMIER MEDICAL REHABILITATION, INC.

Principal Place of Business

7171 CORAL WAY STE 215  
MIAMI FL 33155

Mailing Address

7171 CORAL WAY STE 215  
MIAMI FL 33155



200012225102  
02/10/03--01011--020 \*\*300.00

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

4. Date Incorporated or Qualified  
To Do Business in Florida

09/06/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1135401

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	SILVA, RITA	7171 CORAL WAY STE 215	MIAMI FL 33155

8. Name and Address of Current Registered Agent

SILVA, RITA  
7171 CORAL WAY STE 215  
MIAMI FL 33155

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

*[Signature]*

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

1/8/03

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]*  
SIGNATURE REQUIRED

Date

1/8/03

Daytime Phone #

CR2E040 (8/02)

2012

PREMIER MEDICAL REHABILITATION INC.  
7171 CORAL WAY STE 215  
MIAMI, FL 33155

Thursday, January 09, 2003

DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
PO BOX 1500  
TALLAHASSEE, FL 32302

RE: UNIFORM BUSINESS REPORT #P01000087795

We are in receipt of the administratively dissolution due to non-payment or our corporation report. We apologize; we never received any of the prior notices.

Please, we did not intentionally filed late because we never received any correspondence from your department by the post office. We recently received from the post office the application for reinstatement and we are acting promptly to correct this error. Please, We respectfully ask for an abatement of the penalty charges and accept our filing and the check for \$300.00 covering 2002 and 2003 year. We have corrected the discrepancy with the post office and all reports will be filed on time from now on.

Thank you for your understanding and attention to our case.



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RITA SILVA - PRESIDENT