

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 31 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

PO1000093369

1. Corporation Name

All Care Medical and Rehabilitation Center, Inc.

2. Principal Office Address

12060 NW 7th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

12060 NW 7th Ave

Suite, Apt. #, etc.

City & State

North Miami FL

City & State

North Miami FL

Zip

33168

Country

USA

Zip

33168

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/25/2001

5. FEI Number

65-1140215

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

ROYZEN, Boris

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

3313 NE 15th Ct.

Suite, Apt. #, Etc.

700008718587

10/31/02--01018--002 **150.00

City

Ft. Lauderdale

State
FL

Zip Code

33304

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

Boris Royzen

REGISTERED AGENT MUST SIGN

Date

10-25-2002

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
DPVST	BORIS ROYZEN	3313 NE 15th Ct.	Ft. Lauderdale FL 33304

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:

Boris Royzen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/02 305-6885088

Daytime Phone #

28²

LAW OFFICES
MILLENNIUM PROFESSIONAL SERVICES, P.A.
a private law firm

CONCOURSE PLAZA
1111 KANE CONCOURSE (96TH ST.)
SUITE 607
BAY HARBOR ISLANDS, FL 33154

(305) 867-2900
(305) 867-2936 FAX

MARK KATSMAN, ESQ
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MICHAEL S. GROSS, LL.M.
taxilm@bellsouth.net

October 25, 2002

Florida Department of State
Attn: Mr. Jim Smith
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

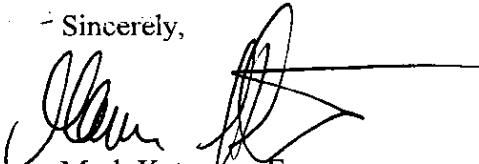
**RE: All Care Medical and Rehabilitation Center, Inc.
C/o Boris Royzen
Corporation reinstatement**

Dear Sir:

Please be advised that this Law firm has been retained to represent Mr. Boris Royzen in all his legal matters. Mr. Royzen has just found out that his corporation was dissolved, because he failed to file the Annual Report. Please be advised, that my client has never received neither the Annual Report Application nor the Notice for Dissolution of Corporation at either Corporation's mailing address or the Registered Agent's address. Therefore, we are kindly asking you to wave the \$600 fee and reinstate All Care Medical and Rehabilitation Center, Inc. as soon as possible.

Should you have any questions, please do not hesitate to contact the undersigned.

Sincerely,



Mark Katsman, Esq.

Cc: Boris Royzen