

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000104417**

1. Corporation Name

AVENTURA WELLNESS & RERHAB CENTER, INC.

Principal Place of Business

C/O DEAN M. GETTIS, ESQ.
11900 BISCAYNE BLVD #507
NORTH MIAMI FL 33181

Mailing Address

C/O DEAN M. GETTIS, ESQ.
11900 BISCAYNE BLVD #507
NORTH MIAMI FL 33181

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

2. New Principal Office Address, If Applicable

2440 N.E. MIAMI GARDENS DR.
Suite, Apt. #, etc.
101

3. New Mailing Office Address, If Applicable

2440 N.E. MIAMI GARDENS DR.
Suite, Apt. #, etc.
101

4. Date Incorporated or Qualified
To Do Business in Florida

10/29/2001

5. FEI Number

03-0373995

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
D	SCHMER, ANDREW	1991 W 60 STREET	HIALEAH FL 33012
D	PLATON, ALEX	1991 W 60 STREET	HIALEAH FL 33012
D	GREAU, ALEX	1991 W 60 STREET	HIALEAH FL 33012
			600008792176 11/04/02--01107--026 **150.00

8. Name and Address of Current Registered Agent

GETTIS, DEAN M
11900 BISCAYNE BLVD #507
NORTH MIAMI FL 33181

9. Name and Address of New Registered Agent

Name

ALEX PLATON D.C.

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

2440 N.E. MIAMI GARDENS DR.

Suite, Apt. #, Etc.

101

City

MIAMI

State

FL

Zip Code

33180

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date **10.29.02**

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:

SIGNATURE REQUIRED
ALEX PLATON D.C.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10.29.02 (305) 705-0777

CR2E040 (8/02)



It's your future...be there healthy.

October 29, 2002

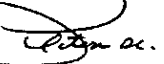
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Aventura Wellness & Rehab Center
Document #: P01000104417

Dear Sirs/Madam:

Please be advised that we did not receive the two prior Uniform Business Report due to a change in mailing address. If you can please accept our apology and waive the penalty fee, we would be very grateful. I am enclosing a check for \$150 to reinstate the corporation.

Sincerely,


Alex Platon,
New Registered Agent