PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

02 UBR

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

FILED
02 NOV -4 PM 5:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000104417

1. Corporation Name

AVENTURA WELLNESS & RERHAB CENTER, INC.

Principal Place of Business	Mailing Address
C/O DEAN M. GETTIS. ESQ. 11900 BISCAYNE BLVD #507 NORTH MIAMI FL 33181	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	3. New Mailing Office Address, If Applicable
2440 N.E. Miami Gardens Dr.	2440 N.E. Miami Gardens Dr.
Suite, Apt. #, etc.: # 101	Suite, Apt. #, etc.: # 101
City & State: Miami, FL 33180	City & State: Miami, FL
Zip: 33180 Country: U.S.A.	Zip: 33180 Country: U.S.A.

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	GREAUX, 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

CR2E040 (8/02)

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 Date: 10.29.02
REGISTERED AGENT MUST SIGN

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. 10.29.02 (305)705-0777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Aventura Wellness & Rehab. Center

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

2440 N.E. Miami Gardens Dr. Aventura, Fl. 33180 (305)705-0777 fax (305)705-9978