

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 27 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000112392**

1. Corporation Name

**Sunhealth medical & Rehabilitation
Center, Inc.**

2. Principal Office Address

2625 Executive Pk Dr. PO Box 267591

Suite, Apt. #, etc.

3B

City & State

Weston, Florida

Zip

33331

Country

USA

3. Mailing Office Address

PO Box 267591

Suite, Apt. #, etc.

City & State

Weston FL 33331

Zip

33331

Country

USA

REINSTATEMENT 02-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

12 / 2002

5. FEI Number

65-1154813

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$38.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Michael Zoldan

800039571828

07/27/04--01062--001 **150.00

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

2625 Executive Pk. Dr.

800039571828

07/27/04--01062--002 **150.00

Suite, Apt. #, Etc.

Suite 3B

City

Weston

State

FL

Zip Code

33331

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

REGISTERED AGENT MUST SIGN

Date

7/10/04

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
P	Michael Zoldan	2625 Exec. Pk. Dr.	Weston, FL 33331
VP	Ismael Lanchon	2625 Exec. Pk. Dr.	Weston, FL 33331

800039571828

07/27/04--01062--003 **150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Zoldan

Date

7/10/04

Daytime Phone #

954-349-1777

CR2E081 (10/02)

2082

Sunhealth Medical and Rehabilitation Center, Inc.

**PO Box 267591
Weston, FL 33326
954-349-1777**

July 10, 2004

Florida Department of State
PO Box 6327
Tallahassee, FL 32314

Re: Sunhealth Medical & Rehabilitation Center, Inc.
Application for Reinstatement
Document Number: P01000112392
FEI Number: 65-1154813

This letter is in reference to the above described company. The company had recently received a Certificate of Administrative Dissolution from the Florida Department of State For failure to file the 2003 Corporation Annual Report / Uniform Business Report.

We respectfully request that you waive the \$600 penalty assessed, as the company did not receive the Report.

Additionally, in an attempt to rectify the company's status of dissolution in January 2004, the CPA had inadvertently mailed checks from a closed account. New checks had been mailed in February, however, it appears that you had not received them. Please excuse us, we are attempting to rectify the corporation.

Enclosed with this letter is a signed Application for Reinstatement along with two checks of \$150 each for the UBR fees of 2002, 2003, and 2004.

Thank you for your help on this matter.

Very truly yours,

Michael Zoldan, President