

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 MAR -9 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 901000113632

1. Corporation Name

Everglades Rehab Center

2. Principal Office Address

4195 SW 137th Ave.

Suite, Apt. #, etc.

#4

City & State

Miami, FL

Zip

33175

Country

Dade

3. Mailing Office Address

same

Suite, Apt. #, etc.

same

City & State

same

Zip

same

Country

same

100030063181

03/09/04--01023--008 \*\*308.75

**REINSTATEMENT**

03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-11-56406

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Aristides Berenguer

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

13430 SW 26 Terr.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33175

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

*Aristides Berenguer*

Date

1/28/04

REGISTERED AGENT MUST SIGN

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	Aristides Berenguer	13430 SW 26 Terr.	Miami, FL 33175

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:

*Aristides Berenguer*  
ARISTIDES BERENGUER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/04  
Date

305-825-4666  
Daytime Phone #

CR2E081 (10/02)

2 of 2

Everglades Rehab Center

4155 SW 137<sup>th</sup> Ave. Suite 4

Miami, FL 33175

Phone 305-225-4666

Fax 305-225-4558

To: Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

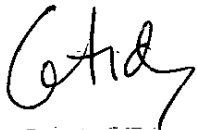
Re: Corporation Reinstatement

To Whom It May Concern:

This letter is to ask for a waiver of the late fee because we didn't receive the report. This is our first year in business and we didn't know about it. This should not have happened again.

Thank you in advance for your cooperation in this matter.

Sincerely,



Aristides Berenguer  
President