
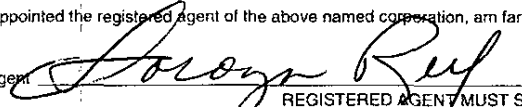
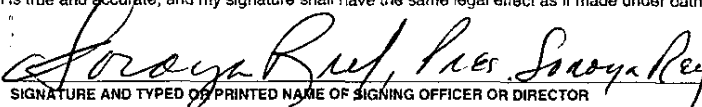


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 04 MAY 28 AM 8:00 400037758444 05/08/04--01019--001 **300.00 REINSTATEMENT 03-04	
DOCUMENT # P01000114131					
1. Corporation Name BEST CARE REHAB. CENTER, INC. 1800 W. 49TH ST 1800 W. 49TH ST					
2. Principal Office Address 1800 W. 49TH ST		3. Mailing Office Address 1800 W. 49TH ST			
Suite, Apt. #, etc. 201		Suite, Apt. #, etc. 201			
City & State HIALEAH, FLORIDA		City & State HIALEAH, FLORIDA			
Zip 33012	Country USA	Zip 33012	Country USA	4. Date Incorporated or Qualified To Do Business in Florida	
				5. FEI Number 65-1156702	
				Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name SORAYA REY					
Street Address (P.O. Box Number is Not Acceptable) 1800 WEST 49TH ST					
Suite, Apt. #, Etc. 201					
City HIALEAH				State FL	Zip Code 33012
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 		Date 05/27/04			
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	
PD	REY, SORAYA	1800 W. 49TH ST #210		HIALEAH, FL. 33012	
V/PD	MURIAS, ELIA	1800 W. 49TH ST #210		HIALEAH, FL. 33012	
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: 		Date 05/27/04		Daytime Phone # 305/825/3537	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E081 (01/04)

5/28 AD

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April 30, 2004

Florida Department of State
Division of Corporations

Re: Best Care Rehab. Center, Inc.
Document #P01000114131

5/20/04 2 pages
COPY

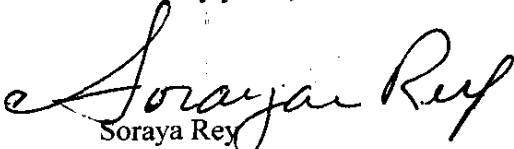
Dear Sir or Madam:

Pursuant to our telephone conversation and as per your request, this is to inform you in writing that we have no record of receiving the annual report to renew the corporation for the year 2003. In addition, since we did not begin operations until now, we had no idea that this corporation was no longer active. Furthermore, the address shown on your records is no longer correct.

Therefore, please accept the enclosed check in the amount of \$300.00, in order to cover the reinstatement fee of our corporation for the years 2003 and 2004.

Your assistance and cooperation with this matter is greatly appreciated.

Sincerely yours,


Soraya Rey
President

ms Katrina Supton

Please mail all correspondence to:

1800 West 49th St. Suite 201
Hialeah, Florida 33012
305-825-3537

57-245-6059
#4