PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR -3 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO100011S084

1. Corporation Name

Unlimited Rehab Network, Inc.

2. Principal Office Address
4957B SW 74th Ct.
Suite, Apt. #, etc.

3. Mailing Office Address
4957B SW 74th Ct.
Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33155

Country
USA

Zip
33155

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida   12/5/01

5. FEI Number
65-1158918

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
Luis, Sila

Street Address (P.O. Box Number is Not Acceptable)
4957B SW 74th Ct.
Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33155

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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 X [signature]
REGISTERED AGENT MUST SIGN

Date   2/28/03

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,U,T S,D	Luis, Sila	4957B SW 74th Ct.	Miami, Florida 33155

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: X [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/03   (315)447-3080
Date   Daytime Phone #