

2004 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 25, 2004
Secretary of State**

DOCUMENT# P02000033778

Entity Name: ACTIVE REHABILITATION, INC.

Current Principal Place of Business:

835 EAST 10TH AVENUE
HIALEAH, FL 33010

New Principal Place of Business:

New Mailing Address:

111 MAJORCA AVENUE
CORAL GABLES, FL 33134 US

Current Mailing Address:

835 EAST 10TH AVENUE
HIALEAH, FL 33010

FEI Number: 03-0420644 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

METSCH, BENJAMIN R
1455 NW 14TH STREET
MAMI, FL 33125 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: SCHOLZ, KEVIN
Address: 4321 SW 14 ST
City-St-Zip: MIAMI, FL 33134

Title: D (X) Delete
Name: SCHOLZ, MICHAEL K
Address: 4321 SW 14 ST
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: SCHOLZ, KEVIN
Address: 111 MAJORCA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN SCHOLZ

PVST

10/25/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date