

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
03 OCT 29 PM 3:48
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10/14/03--01069--024 **150.00

DOCUMENT # P02000085819

1. Corporation Name

Complete Medical Rehabilitation Center,
Corp.

2. Principal Office Address

42 NW 27th Ave.

Suite, Apt. #, etc.

Suite 400

City & State

Miami, FL

Zip

33125

Country

Dade

3. Mailing Office Address

42 NW 27 Avenue

Suite, Apt. #, etc.

Suite 400

City & State

Miami, FL

Zip

33125

Country

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

None

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

Maria Kaba

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

2012 SW 143 Court

Suite, Apt. #, Etc.

Suite 400

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

Maria Kaba President
REGISTERED AGENT MUST SIGN

Date 10-10-03

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
<u>P</u>	<u>MARIA KABA</u>	<u>2012 SW 143 Court</u>	<u>miami FL 33175</u>

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:

Maria Kaba President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-10-03 786-234-3618

Daytime Phone #

CR2E081 (10/02)