

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 13 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000116618

1. Corporation Name

Gentle Care Rehab

REINSTATEMENT 03-04

2. Principal Office Address

12859 SW Bird Rd.

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

same

City & State

Miami, FL

City & State

same

Zip

33175

Country

Miami-Dade

Zip

same

Country

same

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

41-2066248

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 Tatiana Berenguer

Street Address (P.O. Box Number is Not Acceptable)
13430 SW 26 Terr.

Suite, Apt. #, Etc.
N/A

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

Tatiana 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	Tatiana 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:

Tatiana Berenguer

TATIANA BERENGUER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/04
Date

305-962-1881
Daytime Phone #

CR2ED01 (10/02)

Gentle Care Rehab, Inc.

12859 SW Bird Rd.
Miami, FL 33175

Phone: 305-487-4847
Fax: 305-207-8875

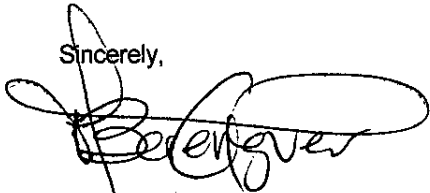
January 28, 2004

Division of Corporations
409 Eat Gaines Street
Tallahassee, FL 32399

To Whom it may concern :

I am a new business owner and I recently found out on the internet that my company has been inactive since September due to the failure to file the annual report. I was not aware of this because I did not receive the report. I am asking you to please waive my late fee because it is my first time and now that I am aware of it, it will not happen again. Thank you in advance for your help.

Sincerely,

A handwritten signature in black ink, appearing to read 'Berenguer', with a large, stylized loop at the end.

Tatiana Berenguer
President