07-14-2003 90163 003 ***150.00
P02000124332

FILED
03 NOV -7 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

90141996
REINSTATEMENT 03

DOCUMENT # P02000124332

1. Entity Name
S & A REHABILITATION CENTER, CORP.

Principal Place of Business	Mailing Address
1140 W 50 ST STE 406 HIALEAH, FL 33012	1140 W 50 ST STE 406 HIALEAH, FL 33012

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 03-0493673 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROSA, SUSANN 1140 W 60 ST STE 406 HIALEAH, FL 33012	Name: ROSA ALEXIS Street Address (P.O. Box Number is Not Acceptable): 1140 W 50 ST STE 406 City: HIALEAH FL Zip Code: 33012

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 7/11/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

E-FILE NOW! Fee is $150.00 ... After May 1, 2003 Fee will be $550.00 ... Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSA, ALEXIS 1140 W 60 ST STE 406 HIALEAH, FL 33012	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 7/11/03 (305) 557-7906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Wednesday, October 29, 2003

To: Division of Corporation
Corporation Reinstatement Section

From: Alex Rosa
DOC# P02000124332

Re: Reinstatement of Corporation

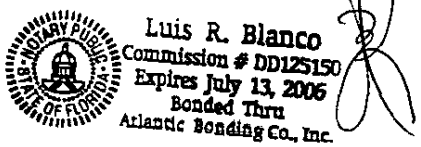
Dear Mrs. Barbara:

Following my conversation with you last week I am sending you this letter to request the activation of my business, as you know we send payment in July and the letter specifying the reasons why it was late is enclosed.

I kindly ask you for the removal of the late fees and the reinstatement of my corporation.

If you have any question or need additional information please call me at
305-828-1148

Alex Rosa
President



Tuesday, September 30, 2003

Division of Corporation
Uniform Business Report Filings

From: S & A REHABILITATION CENTER, CORP.
P02000124332

Through this I want to notify that the papers for Uniform Business report never been send to me.

I went to an Accounting Office and they let me Know the amount to be pay for the company and also the reports.

I had sent my payments for the year of 2003 in July 12 2003 Check # 1267 Bank of America its Cleared.

I apology for the inconvenient.

Any question contact me (305) 557-7906

Sincerely,

Alexis Rosa
President