

2010

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

10 APR 27 PM 1:30

DOCUMENT # P020000132454

1. Corporation Name Gables Trauma & Rehab Center, Inc

700178054107 KS 04/27/10--01017--022 \*\*750.00

REINSTATEMENT 09-10

2. Principal Office Address - No P.O. Box # 14750 SW 26st Suite, Apt. #, etc. 104 City & State Miami FL Zip 33185 Country US

3. Mailing Office Address same Suite, Apt. #, etc. City & State Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 12/16/2002 5. FEI Number 36-4517623 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$0.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent Name Eric A. Zurita Street Address (P.O. Box Number is Not Acceptable) 14750 SW 26st Suite, Apt. #, Etc. 104 City Miami State FL Zip Code 33184

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Date 3-30-10 REGISTERED AGENT MUST SIGN

Table with 4 columns: Titles, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include Neyra, Guillemo J. and Zurita Eric A.

10. E-mail Address: (To be used for future annual report notification)

11. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. SIGNATURE: 3-3070 7862814501 Date Daytime Phone #