

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP 21 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000007965

1. Corporation Name

CORAL REHAB CENTER INCORPORATED

REINSTATEMENT

04-07

2. Principal Office Address - No P.O. Box #
2468 SW 137 AVE.

Suite, Apt. #, etc.

City & State
MIAMI, FL

Zip
33175

Country
US

3. Mailing Office Address
2468 SW 137 AVE

Suite, Apt. #, etc.

City & State
MIAMI, FL

Zip
33175

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida **01-16-2003**

5. FEI Number
36-4522496

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
JOHN VARONE, SR.

Street Address (P.O. Box Number is Not Acceptable)
2468 SW 137 AVE.

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33175

☐ 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

John Varone
REGISTERED AGENT MUST SIGN

Date **09-18-2007**

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	JOHN VARONE, SR.	2468 SW 137 AVE	MIAMI, FL 33175

200109759252
09/21/07--01024--022 **1208.75

\$79/24

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 contained in Chapter 119, 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:

John Varone PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-18-2007

Date

(786)444-1715

Daytime Phone #