

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PS 132

FILED

04 OCT 14 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000031877

1. Corporation Name

ComFORT Rehabilitation Center Inc.

2. Principal Office Address

5805 SW 88T

Suite, Apt. #, etc.

City & State

MIAMI FLA

Zip

33144

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

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

3-19-2003

5. FEI Number

16-1658789

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

Jose A OLIVA

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

9301 SW 99 CT

Suite, Apt. #, Etc.

City

MIAMI FL 33173

State

FL

Zip Code

33173

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

REGISTERED AGENT MUST SIGN

Date

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
PD	OLIVA JOSE A.	8301 SW 99 CT	MIAMI FL 33173

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

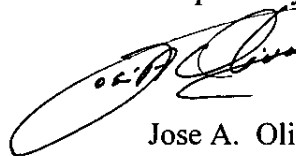
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Florida Department of State
Divisions of corporations

I am respectfully requesting your department to reinstate my corporation. I was under impression that my accountant had filed my UBR but was wrong I did not receive any notice, please except my reinstatement request.

Document # P03000031877
Comfort Rehabilitation Center Inc.
5805 SW 8 Street
Miami Fla 33144

Respectfully Yours

A handwritten signature in black ink, appearing to read "Jose A. Oliva", written over a horizontal line.

Jose A. Oliva