

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000037625

FILED
Nov 16, 2011
Secretary of State

Entity Name: ARCHIE'S REHAB CENTER, INC.

Current Principal Place of Business:

200 MIAMI AVE
INDIALANTIC, FL 32903

New Principal Place of Business:

Current Mailing Address:

200 MIAMI AVE
INDIALANTIC, FL 32903

New Mailing Address:

FEI Number: 13-4241576

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPES, ARQUIMEDES
200 MIAMI AVE
INDIALANTIC, FL 32903 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ARQUIMEDES LOPES

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: LOPES, ARQUIMEDES
Address: 200 MIAMI AV
City-St-Zip: INDIALANTIC, FL 32903

Title: VP
Name: LOPES, MARIA E
Address: 200 MIAMI AVE
City-St-Zip: INDIALANTIC, FL 32903

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ARQUIMEDES LOPES

P

11/16/2011

Electronic Signature of Signing Officer or Director

Date