


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED CLERK OF STATE DIVISION OF CORPORATIONS 06 MAY 12 PM 12:14	
DOCUMENT # P04000028508					
1. Corporation Name ALEXIS REHAB CENTER, Inc.					
2. Principal Office Address 1532 McCrea Dr. Suite, Apt. #, etc.		3. Mailing Office Address Same Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 02/04/2004	
City & State Lutz, FL		City & State		5. FEI Number 20-0672844 Applied For Not Applicable	
Zip 33549	Country US	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Cesar G. Celpa					
Street Address (P.O. Box Number is Not Acceptable) 1532 McCrea Dr.					
Suite, Apt. #, Etc.					
City Lutz					
State FL					
Zip Code 33549					
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 [Signature] Date 5-10-06 REGISTERED AGENT MUST SIGN					
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	
PR	Cesar G. Celpa	1532 McCrea Dr.		Lutz, FL 33549	
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. 813-3348744 5-10-6					
SIGNATURE: [Signature] Cesar G. Celpa SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E081 (9/01)

CR2E081 MAY 12 2006