

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000058296 1. Entity Name FLORIDA REHABILITATION SERVICES USA, INC.						FILED 06 FEB 21 PM 12:10 SE 1173	
Principal Place of Business 4775 COLLINS AVENUE SUITE 2003 MIAMI BEACH, FL 33140				Mailing Address 4775 COLLINS AVENUE SUITE 2003 MIAMI BEACH, FL 33140			
2. Principal Place of Business 888 BRICKELL KEY DR Suite, Apt. #, etc. 1501				3. Mailing Address 888 BRICKELL KEY DR Suite, Apt. #, etc. 1501			
City & State MIAMI, FL				City & State MIAMI, FL			
Zip 331312666		Country U.S.A.		Zip 331312666		Country U.S.A.	
6. Name and Address of Current Registered Agent OSPINA, OLGA L 4775 COLLINS AVENUE SUITE 2003 MIAMI BEACH, FL 33140				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 888 BRICKELL KEY DR #1501 City MIAMI FL Zip Code 331312666			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	OSPINA, OLGA L OTRL		NAME	888 BRICKELL KEY DR #1501			
STREET ADDRESS	4775 COLLINS AVENUE SUITE 2003		STREET ADDRESS	MIAMI, FL 331312666			
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME	900067477799			
STREET ADDRESS			STREET ADDRESS	03/09/06--01050--013 **300.00			
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME	B 2/21/04			
STREET ADDRESS			STREET ADDRESS	REINSTATEMENT 05-06			
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>Olga Ospina</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <u>106</u> Daytime Phone #: <u>305-606-6721</u>			