

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000063040

1. Entity Name
REHABIL INTERNATIONAL CORP



FILED

07 JAN 10 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7362 SW 80 ST PLAZA
MIAMI, FL 33143 US

Mailing Address

7362 SW 80 ST PLAZA
MIAMI, FL 33143 US

2. Principal Place of Business

7311 SW 82 ST

3. Mailing Address

SAME

Suite, Apt. #, etc.

APT 3

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33143

Country

U.S.

Zip

Country



REINSTATEMENT-07

4. FEI Number

37-1489164

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARABALLO, VICTOR O
7362 SW 80 STREET PLAZA #163 A
MIAMI, FL 33143

7. Name and Address of New Registered Agent

Name Victor O. CARABALLO

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

7311 SW 82 ST APT (3)

City MIAMI

FL

Zip Code

33143

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE PS
NAME CARABALLO, VICTOR O
STREET ADDRESS 3920 SW 122 AVE
CITY-ST-ZIP MIAMI, FL 33175

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE 7311 SW 82 ST APT (3)
NAME
STREET ADDRESS
CITY-ST-ZIP MIAMI FL 33143

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE 700084725687
NAME
STREET ADDRESS
CITY-ST-ZIP 01/17/07--01012--025 **300.00

☐ Change

☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell JAN 10 2007