2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000105567

1. Entity Name
PREFERRED REHAB. CENTER INC.

FILED
05 NOV 10 PM 5:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2005

Principal Place of Business	Mailing Address
2763 NW 16 TERR #3 MIAMI, FL 33125	2763 NW 16 TERR #3 MIAMI, FL 33125

2. Principal Place of Business	3. Mailing Address
701 NW 57 AV	701 NW 57 AV
Suite, Apt. #, etc.: 220	Suite, Apt. #, etc.: 220
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33126 Country: USA	Zip: 33126 Country: USA

4. FEI Number ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEON, JORGE
2763 NW 16 TERR #3
MIAMI, FL 33125

7. Name and Address of New Registered Agent

Name: JORGE L. LEON
Street Address (P.O. Box Number is Not Acceptable): 12739 SW 265 TR
City: HOMESTEAD FL Zip Code: 33032

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After January 1, 2006, Fee will be $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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEON, JORGE 2763 NW 16 TERR #3 MIAMI, FL 33125	☐ Delete	JORGE LEON 12739 SW 265 TR HOMESTEAD FL 33032	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	500061622625 11/22/05--01036--016 **150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #