

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG 24 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000135812

1. Corporation Name

FONTAINEBLEAU MEDICAL & REHABILITATION CENTER INC.

2. Principal Office Address - No P.O. Box #
3001 S. OCEAN DR.

3. Mailing Office Address
3001 S. OCEAN DR.

Suite, Apt. #, etc.
801

Suite, Apt. #, etc.
801

City & State
HOLLYWOOD, FL

City & State
HOLLYWOOD, FL

Zip Country
33019 US

Zip Country
33019 US

4. Date Incorporated or Qualified
To Do Business in Florida 09/29/2004

5. FEI Number
20-1682199

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
LUZ RESTREPO

Street Address (P.O. Box Number is Not Acceptable)
3001 S. OCEAN DR.

Suite, Apt. #, Etc.
801

City State Zip Code
HOLLYWOOD FL 33019

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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]
REGISTERED AGENT MUST SIGN

Date 08/21/2007

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
PD	LUZ RESTREPO	3001 S. OCEAN DR. SUITE 801	HOLLYWOOD, FL 33019

700109595137
08/24/07--01029--016 **450.00

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 contained in Chapter 119, 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.

SIGNATURE:

[Signature] LUZ RESTREPO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/21/2007

Date

(786) 712-2599

Daytime Phone #

2022

Miami, FL, August 21, 2007

FLORIDA DEPARTMENT OF STATE
Division of Corporations
Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314

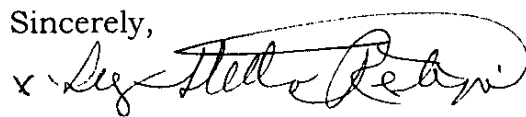
Ref: FONTAINEBLEAU MEDICAL & REHABILITATION CENTER INC.,
Document Number: P04000135812

Dear Sirs,

This is to inform you that FONTAINEBLEAU MEDICAL & REHABILITATION CENTER INC. failed to file its 2005 because the Annual Report Notice sent by you was never received. Furthermore, this company changed its principal/ mailing address and this caused failure to file Annual Reports for the years 2006 and 2007 as well. Therefore, since we want to keep this company ACTIVE and we want to be current, we are sending the payment for \$450.00 corresponding to the years 2005, 2006, and 2007 Annual Report fees along with the Reinstatement Form for this company reflecting the address changes for you to please verify and update your records accordingly. Moreover, we respectfully request for you to please waive the reinstatement fee imposed to this company due to the facts previously presented. We would really appreciate it.

Should you have further questions, please contact us at (786) 712-2599. We apologize for any inconvenience this may have caused. Thank you very much for your cooperation.

Sincerely,

x 

LUZ RESTREPO
President