


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000020958		
1. Entity Name FRAMAR MEDICAL AND REHABILITATION CENTER INC		

FILED
06 OCT 17 PM 3:26

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 6335 NW 190 TER MIAMI, FL 33015	Mailing Address 6335 NW 190 TER MIAMI, FL 33015
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2. Principal Place of Business 10764 S.W. 24 ST. Suite, Apt. #, etc.	3. Mailing Address 10764 S.W. 24 ST. Suite, Apt. #, etc.
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City & State Miami, FL	City & State Miami, FL
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Zip 33165	Country U.S.A.	Zip 33165	Country U.S.A.
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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HERNANDEZ, MARIA A 6335 NW 190 TER MIAMI, FL 33015	10764 S.W. 24 ST. Miami, FL 33165
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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: Maria A. Hernandez 10-10-2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANCHEZ, FRANK L D.P.M. 6335 NW 190 TER MIAMI, FL 33015 10764 S.W. 24 ST. Miami, FL 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP	02/10/06 900/9 027 \$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HERNANDEZ, MARIA A 6335 NW 190 TER MIAMI, FL 33015 10764 S.W. 24 ST. Miami, FL 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Maria A. Hernandez 10-10-2006 (305) 487-6155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

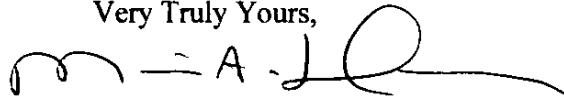
October 10, 2006

Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I am sending this letter along with my reinstatement application to clarify a misunderstanding. On February 2006 I sent in my corporation renewal form apparently the tax I.D. number was incorrect. I was informed today that a letter was sent out too correct the error, however I never received it. I thought everything was in order since I had sent in a check for \$150.00 and the renewal form. Apparently now the corporation is inactive. I am sending in what I believe is needed for reinstatement. I truly appreciate your help in this matter, if any questions please give me a call at: (305) 487-6155.

Very Truly Yours,

A handwritten signature in black ink, appearing to read 'm - A - J' followed by a long horizontal flourish.

Maria A. Hernandez
Vice-President