

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000115751

1. Entity Name
PRECIOUS THERAPY & REHAB CENTER FOR KIDS INC.



FILED

08 NOV -3 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**8300 W FLAGLER STREET
SUITE 150
MIAMI, FL 33126**

Mailing Address
**8300 W FLAGLER STREET
SUITE 150
MIAMI, FL 33126**

2. Principal Place of Business - No P.O. Box
8300 W. Flagler St.

3. Mailing Address
**Suite, Apt. #, etc.
SUITE #150**

City & State
Miami Florida

City & State
33144 U.S.A.

Zip
33144

Country
U.S.A.



REINSTATEMENT 2008

4. FEI Number
16-1730156

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**TABARES, MARLYS
1882 NW 21ST TERR
MIAMI, FL 33126**

7. Name and Address of New Registered Agent
Name **TABARES, Marlys**
Street Address (P.O. Box Number is Not Acceptable)
8933 S.W. 25th STREET
City **Miami** FL **33165**

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 **Marlys Tabares** DATE **10/29/08**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, 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	DPSV TABARES, MARLYS 1882 NW 21ST TERR MIAMI, FL 33142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPSV TABARES, Marlys 8933 S.W. 25th ST. Miami, FL 33165 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TABARES, MARLYS 1882 NW 21ST TERR MIAMI, FL 33142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TABARES, Marlys 8933 S.W. 25th ST. Miami, FL 33165 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200137564832 <input type="checkbox"/> Change <input type="checkbox"/> Addition 11/03/08--01033--013 ***150.00
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Marlys Tabares** **Marlys Tabares President** 10/29/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



**PRECIOUS THERAPY
& REHAB CENTER**

To: State of Florida
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

HEREBY WE CERTIFY, that we never received the forms for Annual Report for the year 2008 and on this base, we request from you, to please, waive the penalty for late filing, and enclosed please find complete form with check payable to your Order for \$150.00

Corporation Name: PRECIOUS THERAPY & REHAB CENTER FOR KIDS INC.

Document Number: P05000115751

Thanks.

Sincerely yours,

President
MARLYS TABARES

Sworn to and subscribed before me this 29 day of OCTOBER, 2008

Notary Public

STATE OF FLORIDA AT LARGE

MY COMMISSION EXPIRES

