

# 2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P09000020922

**FILED**  
**Feb 05, 2014**  
**Secretary of State**

**Entity Name:** EAN REHABILITATION CENTER INC.

**Current Principal Place of Business:**

3267 SW 25 ST  
MIAMI, FL 33133

**New Principal Place of Business:**

1140 WEST 50 ST  
202  
HIALEAH, FL 33012

**Current Mailing Address:**

P.O BOX 348536  
MIAMI, FL 33234

**New Mailing Address:**

1140 WEST 50 ST  
202  
HIALEAH, FL 33012

**FEI Number:** 90-0450244

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CUEVAS, MONICA  
5200 SW 8 ST SUIT E# 150  
MIAMI, FL 33134 US

**Name and Address of New Registered Agent:**

CINTA, REINALDO  
1140 WEST 50 ST # 202  
HIALEAH, FL 33012 US

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.

SIGNATURE: REINALDO CINTA

02/05/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: CINTA, REINALDO  
Address: 1140 WEST 50 ST SUITE 202  
City-St-Zip: HIALEAH, FL 33012

Title: ADMI  
Name: CINTA, REINALDO  
Address: 1140 WEST 50 ST SUITE 202  
City-St-Zip: HIALEAH, FL 33012

Title: SECR  
Name: CINTA, REINALDO  
Address: 1140 WEST 50 ST SUITE 202  
City-St-Zip: HIALEAH, FL 33012

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: REINALDO CINTA

PRES

02/05/2014

Electronic Signature of Signing Officer or Director

Date