

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000022140

**FILED**  
**Nov 02, 2011**  
**Secretary of State**

**Entity Name:** MIAMI LAKES REHAB SERVICES INC

**Current Principal Place of Business:**

13903 NW 67 AVE  
MIAMI LAKES, FL 33014 US

**New Principal Place of Business:**

**Current Mailing Address:**

13903 NW 67 AVE  
MIAMI LAKES, FL 33014 US

**New Mailing Address:**

**FEI Number:** 27-2113636

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZULUETA, JOSE M  
13903 NW 67 AVE  
MIAMI LAKES, FL 33014 US

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

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:** JOSE M ZULUETA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** ZULUETA, JOSE M  
**Address:** 13903 NW 67 AVE  
**City-St-Zip:** MIAMI LAKES, FL 33014 US

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:** JOSE M ZULUETA

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

MR

11/02/2011

\_\_\_\_\_  
Date