

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUL 14 PM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000044404

1. Corporation Name

Sub-Acute Management Services, Inc.

2. Principal Office Address

7220 Northwest 36 Street

Suite, Apt. #, etc.

407

City & State

Miami, FL

Zip

33166

Country

U.S.A.

3. Mailing Office Address

7220 Northwest 36 Street

Suite, Apt. #, etc.

407

City & State

Miami, FL

Zip

33166

Country

U.S.A.

400021587604
07/16/03--01024--013 **\$750.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/08/1995

5. FEI Number

65-0605255

Applied For

Not Applied

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee req
for a Certificate of Stat

7. Name and Address of Current Registered Agent

Name

Aileen Ortega, P.A.

Street Address (P.O. Box Number is Not Acceptable)

2420 Coral Way

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33145

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

REGISTERED AGENT MUST SIGN

Date

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
DP	Otano, Jose A. Jr.	7220 Northwest 36 Street	Suite 407, Miami, FL 33166
DS	Musino, Martha	7220 Northwest 36 Street	Suite 407, Miami, FL 33166

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 under section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AILEEN ORTEGA, P.A.
ATTORNEY AT LAW

July 11, 2003

VIA OVERNIGHT DELIVERY

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399
Attn: Reinstatement Division

Re: Sub-Acute Management Services, Inc.

To Whom It May Concern:

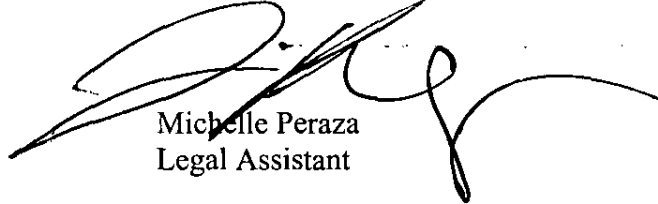
Enclosed please find a reinstatement application for the above referenced Corporation. Please be advised that the registered agent did not receive the annual reports for this Corporation, therefore, **please** waive all fees associated with the dissolution.

Furthermore, I enclose our check No.1478 in the amount of \$750.00 representing the annual report fees due from 1999-2003.

Thank you very much for this courtesy, it is truly appreciated.

Sincerely,

AILEEN ORTEGA, P.A.



Michelle Peraza
Legal Assistant

MP/mbs

Enclosures