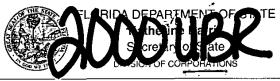
CORPORATION



3. Mailing Office Address

P95000052351 **DOCUMENT #**

1. Corporation Name

2. Principal Office Address

CORAL REHABILITATION CFNTERS, INC.

FILED 00 DEC 20 PM 12: 09

SECRETARY OF STATE TALLAHASSEE FLORIDA

1315	Lyons	Road	Same					
Suite, Apt. #, etc. N/A			Suite, Apt. #, etc. N/A/			4. Date Incorporated or Qualified To Do Business in Florida July 7, 1995		
City & State Coconut Creek,			City & State Florida		5. FEI Number			
Zip Country 33063 Broward		Zip same	Country same		CERTIFICATE OF STATUS DESIRED tor a Certificate of State			
	7. Name and Address of Current Registered Agent 400003514634-5							
							****150.00	
	Street Address (P.O. Box Number is Not Acceptable) 1315 Lyons Road							
-	Suite, Apt	. #, Etc.						
	City Co	conut Creek,	Florida			State Zip Code 3 3 3 0 6 3		
8. I, being	appointed the	e registered agent of the ab	ove ra)ned corporation, a	m familiar with and accept	the obligations of section (607.0505 or 617.0503, F.S.		
Signature o Registered		Stanley	LOLOY P EGISTERED AGENT MU	res. Ist sign		Date 11/29/00		

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
	The second secon	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	
Pres	Stanley Solon	7601 Cinebar Drive	Boca Raton, Fl 33433
Vice- Pres.	Stanley Solon	7601 Cinebar Drive	Boca Raton, Fl 33433
Dir.	Stanley Solon	7601 Cinebar Drive	Boca Raton, Fl 33433
	-		KE

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 filling 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:

Stanley Solon, Pres.

olon, Pres, 11/29/00 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

(954) 979-1000

Daytime Phone #

20r2

P95000052351

December 18,2000

Dept. of the State of Florisa Divisions of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Coral Rehabilitation Centers, Inc.

Dear Sir or Madam:

Please be advised that the above corporation was apparently dissolved during the month of September, 2000 for failure to remit the annual fees, etc.

Please be further advised that we never knew of such dissolution until we made an application for a bank loan in November, 2000 and was advised of said dissolution. No notice was ever received.

In fact if the bank had not so advised it is likely the corporation would have become permanently dissolved pursuant to law in 2001.

I am therefore requesting your indulgence and ask that you reinstate our corporation since the omission was inadvertant and unintentional.

I am enclosing herewith a check in the sum of \$150.00 representing your fee for reinstatement.

Thank you for your attention to this request.

Very truly,

Coral Rehabilitation Centers, Inc.

Stanley Solon President