

CORPORATION



FLORIDA DEPARTMENT OF STATE  
The line for  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 DEC 20 PM 12:09

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # 095000052351

1. Corporation Name

CORAL REHABILITATION CENTERS, INC.

2. Principal Office Address

1315 Lyons Road

Suite, Apt. #, etc.

N/A

3. Mailing Office Address

Same

Suite, Apt. #, etc.

N/A/

City & State

Coconut Creek,

City & State

Florida

Zip

33063

Country

Broward

Zip

same

Country

same

4. Date Incorporated or Qualified  
To Do Business in Florida

July 7, 1995

5. FEI Number

650-59-2233

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

400003514634

Name

STANLEY SOLON

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

1315 Lyons Road

Suite, Apt. #, Etc.

City

Coconut Creek, Florida

State

FL

Zip Code

33063

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

Stanley Solon, Pres.

REGISTERED AGENT MUST 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
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 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:

Stanley Solon, Pres.

Stanley Solon, Pres.

11/29/00

(954) 979-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



*Coral Rehabilitation Centers, Inc.*  
Physical Therapy • Occupational Therapy • Speech Therapy

20F2

P95000052351

December 18, 2000

Dept. of the State of Florida  
Division 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.

by: Stanley Solon, Pres.  
Stanley Solon, President