PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000081437

1. Corporation Name
MIAMI REHABILITATION GROUP, P.A.

2. Principal Office Address	**3.** Mailing Office Address
401 S. LeJeune Road	401 S. LeJeune Road
Suite, Apt. #, etc.: Suite 300	Suite, Apt. #, etc.: Suite 300
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33134 Country: USA	Zip: 33134 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10-24-95

5. FEI Number: 65 0614643 ☐ 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

Name: ENRIQUE MONASTERIO

Street Address (P.O. Box Number is Not Acceptable): 401 S. LeJeune Road

REINSTATEMENT SD-4 TS

Suite, Apt. #, Etc.: Suite 300

City: MIAMI State: FL Zip Code: 33134

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: Enrique Monasterio pres. Date: 2-02-01
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
P	ENRIQUE MONASTERIO	401 S. LeJeune Road	MIAMI, FL. 33134

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****900.00 ****900.00

SOTO & GONZALEZ, C.P.A.'s, P.A.
CERTIFIED PUBLIC ACCOUNTANTS
cpa
O e(H) 305-227-2482
MANNY G. SOTO, C.P.A., P.A.
FORMER IRS AGENT
PARTNER
305-632-1767 Cell
3850 S.W. 87th Avenue, Suite 305
Miami, Florida 33165
Ph.: (305) 225-1492
Fax: (305) 225-8502

wered 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: Enrique Monasterio pres. 2-02-01 305-447-9111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #