

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

01-0218E

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 SEP -3 PM 4:01

DOCUMENT # P95000083185

1. Corporation Name
Select Medical INC.

300007673779--1
-09/12/02--01001--027
****300.00 ****300.00

2. Principal Office Address
3955 SW 137 AVE

3. Mailing Office Address
3955 SW 137 AVE

Suite, Apt. #, etc.
4

Suite, Apt. #, etc.
4

City & State
MIAMI FLOR

City & State
MIAMI FLORIDA

Zip Country
33175 USA

Zip Country
33175 USA

4. Date Incorporated or Qualified To Do Business in Florida
5. FEI Number 65-0616735
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
ARISTIDES BERENEUER
Street Address (P.O. Box Number is Not Acceptable)
13430 SW 26 terras
Suite, Apt. #, Etc.
City
Miami, FL
State
FL
Zip Code
33175

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
Date 8.6.02.
REGISTERED AGENT MUST SIGN

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	ARISTIDES BERENEUER	13430 SW 26 terras	Miami, FL. 33175.

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] 8/27/02 (305) 552 8558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 9602

CR2E081 (9/01)