

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS



FILED

99 JAN 22 PM 3:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000024406

1. Corporation Name

ALBARRAN REHABILITATION CENTER, INC.

Principal Place of Business

Mailing Address

8482 SW 8 ST.  
MIAMI FL 33144

8482 SW 8 ST.  
MIAMI FL 33144



REINSTATEMENT

98-99  
CAD

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

7303 WEST FLAGLER ST.  
Suite, Apt. #, etc. N

3. New Mailing Office Address, If Applicable

P.O. BOX 440769  
Suite, Apt. #, etc. N

4. Date Incorporated or Qualified  
To Do Business in Florida

03/18/1997

5. FEI Number

65-0739814

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33144

Country

USA

Zip

33144-0769

Country

U.S.A.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	VALDES, BARBARA	8482 SOUTHWEST 8TH STREET	MIAMI FL 33144
PD	VALDES, BARBARA, C.	7303 WEST FLAGLER ST.	MIAMI FL 33144
VPD	GUERRA, FRANCISCO, J.	7303 WEST FLAGLER ST.	MIAMI FL 33144

500002757935--3  
-01/29/99--01005--021

\*\*\*\*908.75 \*\*\*\*908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VALDES, BARBARA <del>8482 SW 8 ST.</del> <del>MIAMI FL 33144</del>		Name VALDES, BARBARA, C. Street Address (P.O. Box Number is Not Acceptable) 7303 WEST FLAGLER STREET Suite, Apt. #, Etc. City MIAMI State FL Zip Code 33144	
--	--	---	--

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Barbara C. Valdes*  
REGISTERED AGENT MUST SIGN

Date 01-18-99

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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

*Barbara C. Valdes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
BARBARA C. VALDES

01-18-99  
Date

(305) 265-7323  
Daytime Phone #

CR2E040 (9/98)