PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

P97000034875

DOCUMENT # P97000034875

FILED
99 APR -1 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

Complete Rehabilitation Center Inc

Principal Place of Business | Mailing Address

1313 S.W. I street
Miami, Florida 33135

2. New Principal Office Address, if Applicable | 3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc. | Suite, Apt. #, etc.

City & State | City & State

Zip | Country | Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 4/17/97

5. FEI Number: | Applied For | Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$8.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (DO NOT USE P.O. BOX NUMBERS)	City, State, Zip
Director President	Federico A. Dumenigo	1313 s.w. I Street	Miami, Florida 33135
Director Secretary	Francisco M. Dumenigo	1313 s.w. I Street	Miami, Florida 33135

REINSTATEMENT 97-98
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****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Federico A. Dumenigo
1313 S.W. I Street
Miami FL 33135

10. ... the registered agent ...

Signature of Registered Agent: [signature]
REGISTERED AGENT MUST SIGN
Date

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☑ No ☐

(See reverse 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)..., 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] Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #