


CAPITAL CONNECTION

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10/03 '01 08:48 NO.363 01/01

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97 000105997 1. Corporation Name PROGRESSIVE REHAB. CENTER, Corp.					
2. Principal Office Address 3271 NW 7th St.		3. Mailing Office Address 3271 NW 7th St.		FILED 01 NOV 21 PM 2:02 SECRETARY OF STATE TALLAHASSEE FLORIDA 300004717013--6 -12/10/01--01092--009 ***\$900.00 ***\$900.00 2000-01 <i>[Signature]</i>	
Suite, Apt. #, etc. #207		Suite, Apt. #, etc. #207			
City & State Miami, Florida		City & State Miami, Florida			
Zip 33125		Zip 33125			
Country Miami-Lade		Country Miami-Lade		4. Date Incorporated or Qualified To Do Business in Florida 12/12/97	
				5. FEI Number 650 799987	
				Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$3.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Zoraya Fernandez					
Street Address (P.O. Box Number is Not Acceptable) 3271 NW 7th St.					
Suite, Apt. #, Etc. #207					
City Miami					
State FL					
Zip Code 33125					
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 <i>[Signature]</i> REGISTERED AGENT MUST SIGN Date 11/19/01					
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		
PUS TO	Zoraya Fernandez	3271 NW 7th St. #207	Miami, Florida 33125		
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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 11/19/01 Daytime Phone #					