


1 of 2

((H02000060538 4)))

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

DOCUMENT # P98000019458
1. Corporation Name
GABLES MEDICAL REHAB CENTER, INC.

2. Principal Office Address
2731 CORAL WAY
Suits, Apt. #, etc.

3. Mailing Office Address
2731 CORAL WAY
Suits, Apt. #, etc.

City & State
MIAMI, FL.

City & State
MIAMI, FL.

Zip
33145 Country
USA

Zip
33145 Country
USA

02-MAR -7 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name
MIGUEL A. LEON

Street Address (P.O. Box Number is Not Acceptable)
2731 CORAL WAY

Suits, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33145

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of Registered Agent *Miguel A. Leon* Date **03/18/02**

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MIGUEL A. LEON	13272 SW 51ST STREET	MIRAMAR, FL. 33027

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 118.07(3)(b), 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: *Miguel A. Leon* Date **03/18/02** ((H02000060538 4)))
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **(305) 476-9781**

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Division of Corporations

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Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : ANA DALMAU ARES, P.A.
Account Number : I20000000268
Phone : (305)229-8256
Fax Number : (305)229-8252

CORPORATION REINSTATEMENT

GABLES MEDICAL REHAB CENTER, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$908.75