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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

(H04000145061 3)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

MRB

DOCUMENT # P98000019458

1. Corporation Name
GABLES MEDICAL REHAB CENTER, INC.

2. Principal Office Address		3. Mailing Office Address	
6201 SW 70TH STREET		6201 SW 70TH STREET	
Suite, Apt. #, etc. 104		Suite, Apt. #, etc. 104	
City & State MIAMI, FL.		City & State MIAMI, FL.	
Zip 33143	Country USA	Zip 33143	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 02/27/98

5. FEI Number 65-0821593 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name
MIGUEL A. LEON

Street Address (P.O. Box Number is Not Acceptable)
6201 SW 70TH STREET

Suite, Apt. #, Etc.
104

City
MIAMI

State FL Zip Code 33143

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: [signature] Miguel A. León
REGISTERED AGENT MUST SIGN

Date 07/13/04

CR2E081 (01/04)

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	MIGUEL A. LEON	6201 SW 70TH STREET # 104	MIAMI, FL. 33143

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] Miguel A. León Miguel A. León 07/13/04 (786) 325-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State

Division of Corporations
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     Account Number  : T20000000268
     Phone           : (305)229-8256
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CORPORATION REINSTATEMENT

GABLES MEDICAL REHAB CENTER, INC.

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