

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 18 PM 12:40

DOCUMENT #

~~29866~~

1. Corporation Name

P98000026722

Rehab Investments Inc.
1375 N. E. 125 Street
North Miami, Fl. 33161

2. Principal Office Address

1375 N.E. 125 Street

3. Mailing Office Address

P.O. Box 600932

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Miami, Fl.

City & State

North Miami Beach, Fl.

Zip

33161

Country

Dade

Zip

33160

Country

Dade

REINSTATEMENT 99-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

07-21-88

5. FEI Number

65-0068211

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Richard McGee

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

14930 N. W. 10 Place

Suite, Apt. #, Etc.

0

City

Miami

State

FL

Zip Code

33168

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

Richard McGee
REGISTERED AGENT MUST SIGN

Date 12/14/00

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
P	Richard McGee	14930 N. W. 10 Place	Miami, Fl. 33168

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:

Richard McGee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Richard McGee

12/14/00

Date

(305) 895-4436

Daytime Phone #