

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV 1 PM 4:13

DOCUMENT # P98000053567

1. Corporation Name

HIALEAH MEDICAL REHABILITATION CENTER, INC.

Principal Place of Business

Mailing Address

1800 WEST 49TH STREET
SUITE 103
HIALEAH FL 33012

1800 WEST 49TH STREET
SUITE 103
HIALEAH FL 33012

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

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

06/16/1998

5. FEI Number

65-0843 935

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$9.75 A fee of \$9.75 is required for a Certificate of Status.

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PRES	MARVIN REINBERG	1800 W 49TH STREET SUITE 103	HIALEAH, FL 33012
V.P	MARVIN REINBERG	1800 W 49TH STREET SUITE 103	HIALEAH, FL 33012
TREAS	MARVIN REINBERG	1800 W 49TH STREET SUITE 103	HIALEAH, FL 33012

800003038558--9
-11/08/99--01116--012
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name
MARVIN REINBERG MD
Street Address (P.O. Box Number is Not Acceptable)
1800 W 49TH STREET
Suite, Apt. #, Etc.
103
City
HIALEAH
State
FL
Zip Code
33012

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Marvin Reinberg
REGISTERED AGENT MUST SIGN

Date 10/29/99

11. 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:

Marvin Reinberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARVIN REINBERG, PRESIDENT

10/29/99

Date

305 828-8050

Daytime Phone #