

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

00 MAR 20 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P98000094663

1. Corporation Name

KENDALL COMPREHENSIVE REHABILITATION CENTER, INC.

2. Principal Office Address

11880 S.W. 40 STREET

Suite, Apt. #, etc.

#416

City & State

MIAMI, FL

Zip

33175

Country

U.S.A.

3. Mailing Office Address

11880 S.W. 40 STREET

Suite, Apt. #, etc.

#416

City & State

MIAMI, FL

Zip

33175

Country

U.S.A.

REINSTATEMENT

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

11/09/98

5. FEI Number

65-0874372

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

CARLOS BERENGUER

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

725 N.W. 126 CT

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code
33182

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]

Date 3/16/00

REGISTERED AGENT MUST SIGN

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
PD	CARLOS BERENGUER	725 NW 126 CT	MIAMI, FL 33182
VD	ARISTIDES BERENGUER	13430 S.W. 26 TERR.	MIAMI, FL 33175
SD	RICARDO R. AGUERA	9965 N.W. 51 TERR.	MIAMI, FL 33178

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/00

Date

305-223-6737

Daytime Phone #

CR2E081 (9/99)