

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 OCT -8 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 099000016878

1. Corporation Name

Alternative Medical Rehab Center Inc

2. Principal Office Address

3434 W. Columbus Dr

Suite, Apt. #, etc.

109

City & State

Tampa FL

Zip

33607

Country

Hills

3. Mailing Office Address

PO Box 152294

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33684

Country

Hill

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

2/22/99

5. FEI Number

65-0952204

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

William G. Trumbull

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

412 E. Madison Street

Suite, Apt. #, Etc.

903

City

Tampa FL 33602

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****300.00 ****300.00

State
FL

Zip Code

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

William G. Trumbull

REGISTERED AGENT MUST SIGN

Date 10/3/2001

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
PO	Bianca Ponce	3434 W. Columbus Dr #109	Tampa FL 33617

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bianca P. Ponce

Date

10/01/01 813 598-5792

Daytime Phone #

CR2E081 (9/00)