PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1. Corporation Name Coastal Rehab, Inc. 1907(N.E. 29th Avenue Aventura, FL 33180 2. Principal Office Address 3. Mailing Office Address 4. Data Incorporated or Qualified 4. Data Incorporated or Qualified 7. Data Incorporated o									
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33063 Country U.S.A 33063 Country U.S.A GERTIFICATE OF STATUS DESIRED SASSIFICATED ASSESSMENT OF Address of Current Registered Agent 7. Name and Address of Current Registered Agent Name				1	FL	5. FEI Numb	per _	Applied For	
Name Henry, Robert A. Street Address (P.O. Box Number is Not Acceptable) 19.07L NE 24th Avenue 30.00037963333—4 (Suite, Apt. H. Etc. ******900, 00 ******900 00 ******900, 00 ******900 00 ******900, 00 ******900 00 ******900, 00 ******900 00 ******900, 00 ******900 00 ******900, 00 ******900 00 ******900, 00 ******900 00 ******900, 00 ******900 00 ******900, 00 ******900 00 ******900, 00 *******900 00 ******900, 00 *******900 00 *****900, 00 *******900 00 *****900, 00 *******900 00 *****900, 00 *******900 00 *****900, 00 *******900 00 *****900, 00 ********900 00 *****900, 00 ********900 00 *****900, 00 ********900 00 *****900, 00 ********900 00 *****900, 00 *********900 00 *****900, 00 ***************************	Zip	Count	ry ·	Zip	Country	6.	\$8:75 Addi	itional Fee required	
Henry, Robert A. Street Address (P.O. Box Number is Not Acceptable) 19070 NE 24th Avenue 19070 NE 25th Avenue 190			-	7. Name an	d Address of Current Re	gistered Agent	on Jan		
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 BERISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Fonda nonprofit or Officer and/or Directors) Titles Officers and/or Directors Officer and/or Directors Officer and/or Director Officer		Henr Street Address (P. 190° Suite, Apt. #, Etc.	O. Box Number is N. 76 NE 7	ot Acceptable) 19th Avenu	ح.	30	-03/02/0101079- ****900.00 *****	-01	
Name of Officers and/or Directors Robert Henry 19076 NE 29th Ave Aventura IF (33)80 10. Lertify 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 filling 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 of	appointed the register	red agent of the abo	ve named corporation, a		t the obligations of sect	tion 607.0505 or 617.0503, F.S.		
Pres Robert Henry Ho 76 NE 29th Ave Aventura F 33 80 10. Lertify that Lam 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 filling 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 over 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:	9. Names a	and Street Addresses	s of Each Officer and	l/or Director (Florida non	profit corporations must lis	st at least 3 directors)			
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