

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 FEB 26 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000017001

1. Corporation Name

Coastal Rehab, Inc.
19076 N.E. 29th Avenue
Aventura, FL 33180

2. Principal Office Address

3235 N State Rd 7

Suite, Apt. #, etc.

3. Mailing Office Address

3235 N State Rd 7

Suite, Apt. #, etc.

City & State

Margate, FL

City & State

Margate, FL

Zip

33063

Country

USA

Zip

33063

Country

USA

REINSTATEMENT

00-01

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

9/22/99

5. FEI Number

65-0895577

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

Henry, Robert A.

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

19076 NE 29th Avenue

Suite, Apt. #, Etc.

300003796333-4

03/02/01-01079-01

****900.00 ****900.00

City

Aventura, FL 33180

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

Robert A. Henry
REGISTERED AGENT MUST SIGN

Date 2/20/01

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
Pres	Robert Henry	19076 NE 29th Ave.	Aventura, FL 33180

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

Date

2/20/01

Daytime Phone #

LS