PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLIÇATION " FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9900032748	
1. Corporation Name	
PAIN REHABILITATION AND THERAPY CENTER, INC.	

Mailing Address Principal Place of Business

8372 S.W. 8TH STREET MIAMI FL 33144

8372 S.W. 8TH STREET MIAMI FL 33144

FILED 00 001 19 PM 1: 58

SECRETARY OF STATE TALLAHASSEE FLORIDA

REINSTATEMENT_	D.

Applicable 3. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified To Do Business in Florida 04/09/1999 Suite, Apt. #, etc. City & State City & State City & State Country Country Country Country Status Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officers and/or Director City / State / Zip Title(s) Applicable 4. Date Incorporated or Qualified To Do Business in Florida 04/09/1999 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED Status Street Address of Each Officer and/or Director City / State / Zip	If above addresses are incorrect in any way, line through incorrect information and enter correction below.						WEING IVI FINE I			
Suite, Apt. #, etc. Suite, Ap						To De Businese in Florida				
Superince Supe	Suite, Apt.	#, etc.	Suite, Apt. #,				5. FEI Number Applied For S-0915084 Not Applied For			
Country Country Country Country Country Country CERTIFICATE OF STATUS DESIRED To a Continuation of Status Trille(s) Name of Officers and/or Directors Name of Officers and/or Directors Street Address of Each Officer and/or Directors Street Address of Each Officer and/or Directors Name of Officers and/or Directors Name of Officers and/or Directors Name of Officers and/or Directors Name of Officer and/or Directors Name of Officer and/or Directors Name and Address of Current Registered Agent Name Name and Address of Current Registered Agent Name RIVERA, LAZARO Y 2821 WEST 73 PLACE Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State TURE REQUIRED Date Date Officer and/or Directors A City / State / Zip City / State / Zip State Zip Code FL Street Address of Section 607.0505, F.S. Date Date	City & State	9	City & State							
Title(s) 2 Name of Officers and/or Directors 3 Officer and/or Director 4 City / State / Zip PSD RIVERA, LAZARO Y 2621 WEST 73 PLACE HIALEAH FL 33016 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name RIVERA, LAZARO Y 2621 WEST 73 PLACE HIALEAH FL 33016 8. Street Address of Po. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) State Zip Code FL Zip Code Zip Cod	Zip	Country	Zip	(Country		E OF STATUS DESIRED (\$8.75)	Additional Fee required a Certificate of Status		
Title(s) 2 and/or Directors 3 Officer and/or Director 4 City / State / Zip PSD RIVERA, LAZARO Y 2621 WEST 73 PLACE HIALEAH FL 33016 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name RIVERA, LAZARO Y 2621 WEST 73 PLACE HIALEAH FL 33016 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State / Zip City / State / Zip Code FL Zip Code	7. Names	and Street Addresses of Each Officer at	nd/or Director (Flo	orida nonprofit o	corporations must list at le	east 3 directors)				
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Rivera, Lazaro Y 2821 West 73 PLACE HIALEAH FL 33016 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code FL Zip Code FL Date Ct 17 - 00' Registered Agent Date Registered Agent Date Registered Agent Date Ct 17 - 00' Registered Agent Date Registered Agent Date Ct 17 - 00' Registered Agent Registered Agent Date Registered Agent Regist	Title(s)	Name of Officers and/or Directors		3		of Each Director City / State / Zip		e / Zip		
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name RIVERA, LAZARO Y 2621 WEST 73 PLACE HIALEAH FL 33016 Suite, Apt. #, Etc. City State Zip Code FL Signature of Registered Agent Page 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. Registered Agent ATURE REQUIRED Date	PSD	RIVERA, LAZARO Y			2621 WEST 73 PLACE		HIALEAH FL 33016			
RIVERA, LAZARO Y 2621 WEST 73 PLACE HIALEAH FL 33016 Suite, Apt. #, Etc. City State Zip Code FL Signature of Registered Agent Signature of Registered Agent Signature of Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code PL Date Of 19 - 00' Registered Agent					and the second of		00003448; -11/02/000 ****750.00	2215 1013023 *****750.00		
RIVERA, LAZARO Y 2621 WEST 73 PLACE HIALEAH FL 33016 Suite, Apt. #, Etc. City State Zip Code FL Signature of Registered Agent Signature of Registered Agent Signature of Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code PL Date Of 19 - 00' Registered Agent			· · · · · · · · · · · · · · · · · · ·							
RIVERA, LAZARO Y 2621 WEST 73 PLACE HIALEAH FL 33016 Suite, Apt. #, Etc. City State Zip Code FL Signature of Registered Agent Signature of Registered Agent Street Address (P.O. Box Number is Not Acceptable) Date Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. Date		8. Name and Address of Curre	nt Registered Ag	ent		9. Name and	Address of New Registered A	gent		
2621 WEST 73 PLACE HIALEAH FL 33016 Suite, Apt. #, Etc. City State Zip Code FL 10. I, being appointed the registered event of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Registered Agent	DIVE	DA LAZADO V			į					
HIALEAH FL 33016 Suite, Apt. #, Etc. City State Zip Code FL 10. I, being appointed the registered at ent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Registered Agent Date		•			Street Address	(P.O. Box Number	'is Not Acceptable)			
10. I, being appointed the registered elent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Date Page 117-00'					Suite, Apt. #, Et	Suite, Apt. #, Etc.				
Signature of Registered Agent Park ATURE REQUIRED Date UCT 17-00'		_	Л				∫FL.	Zip Code		
Registered Agent	10. I, bein	g appointed the registered attent of the	ave named corp	oration, am fan	niliar with and accept the	obligations of Sec	tion 607.0505, F.S.			
	Signature o Registered	Agent Agent	ATUR E				Date OCT 17	-00'		
										

I certify that I am an officer or director or the receiver of trustee empowered to execute this application as provided for in chapter our or of 7, F.S. I further certify that when fulling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401, 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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #