PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION REINSTATEMENT

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

01 JAN 22 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000084843

1. Corporation Name

TROPICAL REHABILITATION CENTER, INC.

REINSTATEMENT 00-01

2. Principal Office Address	3. Mailing Office Address
3043 NE 163rd. St	3043 NE 163rd. St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: North Mia Bch, Fl	City & State: North Mia Bch, Fl
Zip: 33160 Country:	Zip: 33160 Country:

4. Date Incorporated or Qualified To Do Business In Florida: 9/24/99

5. FEI Number: 65-0950478 (Applied / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee for a Certificate of Status

7. Name and Address of Current Registered Agent

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-01/30/01--01130--006
*****000.00 *****000.00

Name: Lipovetsky, Maksim

Street Address (P.O. Box Number is Not Acceptable): 3043 NE 163rd. St

Suite, Apt. #, Etc.:

City: North Miami Beach, State: FL Zip Code: 33160

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0303, F.S.

Signature of Registered Agent: X Lipovetsky Maksim Date: 1-9-2001

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
P,V,T S,D	Maksim Lipovetsky	3043 NE 163rd. St	North Mia Bch, Fl 33160

10. I certify that I am an officer or director of 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.

(305) 949-7373

SIGNATURE: X Lipovetsky Maksim Lipovetsky 1-9-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #