

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1782

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
03 JAN -7 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P99000095713**

**1. Corporation Name**

DR PROFESSIONAL REHAB., INC.

**2. Principal Office Address**

20 SW 67 CT

**3. Mailing Office Address**

20 SW 67 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33144

Country

Zip

33144

Country

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

10/29/1999

**5. FEI Number**

65-0958203

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

DOMINGO REYES

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

13312 SW 136 TERR

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33186

**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

Date 12/20/2002

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/S/D	DOMINGO REYES	13312 SW 136 TER	MIAMI, FL 33186
V/D	LAURA MEDINA	13312 SW 136 TR	MIAMI, FL 33186

**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:**

12/20/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

mw

CR2E081 (9/01)

252

DR PROFESSIONAL REHAB INC.  
20 SW 67 CT  
MIAMI, FL 33144

Friday, December 20, 2002


DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
PO BOX 1500  
TALLAHASSEE, FL 32302

RE: UNIFORM BUSINESS REPORT #P99000095713

We are in receipt of the administrative dissolution due to non-filing of annual report for our profit corporation. We apologize; we never received any of the prior notices.

We did not intentionally file late because we never received any correspondence from your department by the post office. We moved and forgot to notify the department of our new address. Please, We respectfully ask for an abatement of the penalty charges and accept our filing and the check for \$300.00. We have corrected the discrepancy with the post office and all reports will be filed on time from now on.

Thank you for your understanding and attention to our case.

  
DOMINGO REYES - PRESIDENT