


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 21 AM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000106173

1. Corporation Name
T.L.C. REHABILITATION SERVICE, INC.

2. Principal Office Address 2127 W. FLAGER STREET		3. Mailing Office Address 2127 W. FLAGER STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33135	Country	Zip 33135	Country

4. Date Incorporated or Qualified To Do Business in Florida 12/08/1999

5. FEI Number 65-0966277 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
ZOILA C. HERNANDEZ

Street Address (P.O. Box Number is Not Acceptable)
2127 W. FLAGER STREET

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33135

000037437470
06/01/04--01022--004 **600.00

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 *Z Hernandez* Date _____

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/D	ZOILA C. HERNANDEZ	2127 W. FLAGER STREET	MIAMI, FL 33135
V/D	NANCY RODRIGUEZ	2127 W. FLAGER STREET	MIAMI, FL 33135

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: *Nancy Rodriguez* Date 05-17-04 Daytime Phone _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED OUR ANNUAL REPORT FORM FOR THE YEARS OF 2003 & 2004 FROM YOUR OFFICE TO PAY THE UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,


ZOILA C. HERNANDEZ
PRESIDENT