PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
05 JUN 27 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000006265

1. Corporation Name

WINDMOOR HEALTHCARE OF MIAMI, INC.

REINSTATED 02-05

2. Principal Office Address	3. Mailing Office Address
1861 NW SOUTH RIVER DRIVE	1965 ROCHAMBEAU DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MALVERN, PA
Zip: 33135 Country: USA	Zip: 19355 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/26/1997

5. FEI Number: 650797480 ☐ 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: W. BRADLEY MUNROE,

Street Address (P.O. Box Number is Not Acceptable): 239 EAST VIRGINIA STREET

Suite, Apt. #, Etc.:

City: TALLAHASSEE State: FL Zip Code: 32301

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: W. B. Munroe REGISTERED AGENT MUST SIGN Date: 6-9-05

CR2E081 (01/05)

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
PSD	BRETT C W PHD	19920 GULF BLVD 7	
		INDIAN ROCKS BEACH, FL 33785	
VTD	SANDLER, KENNETH R MD	1965 ROCHAMBEAU DRIVE	
		MALVERN, PA 19335	
		100056021401 06/30/05--01064--011 **1208.75	

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: W. Brett 6/8/05

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