

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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

DOCUMENT # F97000006265

1. Corporation Name

WINDMOOR HEALTHCARE OF MIAMI, INC.

2. Principal Office Address

1861 NW SOUTH RIVER DRIVE

3. Mailing Office Address

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 ☒

\$2.75 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

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	

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.B. Munroe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/8/05

Daytime Phone #

CR26001 (01/05)