

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JAN 22 AM 8:52

DOCUMENT # POS000077315
1. Corporation Name Kaizen Mental Services

WI-2019

900166065289
01/13/10--01034--001 **8.75

REINSTATEMENT (79) 07-10

2. Principal Office Address - No P.O. Box # <u>2529 SW 8 ST</u> <u>MIAMI, FL 33135</u>		3. Mailing Office Address <u>2529 SW 8 ST</u> <u>MIAMI, FL 33135</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>MIAMI, FLA.</u>		City & State <u>MIAMI, FL.</u>	
Zip <u>33135</u>	Country <u>USA</u>	Zip <u>33135</u>	Country <u>USA</u>

4. Date Incorporated or Qualified To Do Business in Florida <u>5/27/2005</u>	
5. FEI Number <u>20-2912809</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name SAUL ACOSTA

Street Address (P.O. Box Number is Not Acceptable)
561 N.W. 43 PLACE

Suite, Apt. #, Etc.

City MIAMI, State FL Zip Code 33126

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 [Signature] Date 01-10-10

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
<u>P</u>	<u>SAUL ACOSTA</u>	<u>561 NW, 43 place</u> <u>MIAMI, FL 33126</u>	<u>MIAMI, FLA. 33126</u>
<u>VP</u>	<u>SERGIO ACOSTA</u>	<u>561 NW, 43 place</u> <u>MIAMI, FL 33126</u>	<u>MIAMI, FLA. 33126</u>

900166065289
01/22/10--01029--006 **\$00.00

10. E-mail Address: Kaizenmental@gmail.com
(To be used for future annual report notification)

11. 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, further certify, 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: [Signature] Date 01-10-10 Daytime Phone # 313-4644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR