

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 DEC 11 AM 11:11

DOCUMENT # P99000087090

1. Corporation Name

Southwest Florida Associates in Mental Health
& Addictions, PA

2. Principal Office Address

PMB 130

Suite, Apt. #, etc.

12860 S.Cleveland Avenue

City & State

Fort Myers, Florida

Zip

33907

Country

USA

3. Mailing Office Address

PMB 130

Suite, Apt. #, etc.

12860 S.Cleveland Ave.

City & State

Ft. Myers, Florida

Zip

33907

Country

USA

REINSTATEMENT

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

09/29/1999

5. FEI Number

65-0959610

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

Nicholas Anthony, PHD

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

12860 S.Cleveland Avenue

Suite, Apt. #, Etc.

PMB 130

City

Fort Myers,

800003506298--5

-12/19/00--01093--009

****750.00 ****750.00

State
FL

Zip Code

33907

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

REGISTERED AGENT MUST SIGN

Date 11/02/00

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
PRES.	Nicholas Anthony, PHD	1384 Burgundy Drive	Fort Myers, Fl. 33919

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:

Nicholas Anthony, PHD

11/02/00

941-940-1804

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)