

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 29 PM 4:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 709972

1. Corporation Name

MENTAL HEALTH ASSOCIATION OF DADE COUNTY, INC.

Principal Place of Business

227 N.E. 17TH STREET
MIAMI FL 33132-1231

Mailing Address

227 N.E. 17TH STREET
MIAMI FL 33132-1231

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/23/1965

5. FEI Number

59-0637877

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	BRAVO, JAMIE Kathleen C. Hale	227 N.E. 17TH STREET	MIAMI FL 33132
S	HANRAHAN, DANIEL	1080 CARIBBEAN WAY	MIAMI FL 33132
T	BLACK, JAMES	6150 SW 76TH STREET	SOUTH MIAMI FL 33143
D	HAWKINS, LARRY	7240 SW 39TH TERRACE	MIAMI FL 33155
D	KAREN, DREYER A	2901 SW 149TH AVENUE SUITE 200	MIRAMAR FL 33027
D	GOODWIN, JEFFREY R	9143 SW 77TH AVENUE #B102	MIAMI FL 33156

8. Name and Address of Current Registered Agent

BRAVO, JAMIE
227 N.E. 17TH ST
MIAMI FL 33132

9. Name and Address of New Registered Agent

Name
Kathleen C. Hale
Street Address (P.O. Box Number is Not Acceptable)
227 NE 17 Street
Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33132

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Kathleen C. Hale

REGISTERED AGENT MUST SIGN

Date

Oct. 24, 2002

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/02 305-379-2673

Date

Daytime Phone #

CR2E040 (8/02)



mental health association
of Dade County

October 24, 2002

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Reference Document Number 709972

Dear Sir / Madam:

On behalf of the Mental Health Association of Dade County, please find attached our application for reinstatement.

It should be noted that this agency had sent on June 20th, 2002 a check in the amount of \$61.25 for the annual report/ uniform business report. As per our recent conversation with your staff, we were informed that a letter was sent out to us on July 9th, 2002 requesting the signature of an official registered agent, however, this agency never received that letter.

Therefore, we would appreciate if you could reinstate our agency and waive the penalty which has been levied.

We appreciate your help in expediting this request and if you have any questions, please do not hesitate to call me at (305)379-2673.

Sincerely,

Kathleen Hale
President

