PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV 25 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 710202

1. Corporation Name

FLORIDA PSYCHOANALYTIC SOCIETY, Inc.

REINSTATEMENT 01-02

2. Principal Office Address	**3.** Mailing Office Address
420SouthDixieHwy	420SouthDixieHwy
Suite, Apt. #, etc.: 2F	Suite, Apt. #, etc.: 2F
City & State: Coral Gable,FL	City & State: Coral GABLES, FL
Zip: 33146 Country: USA	Zip: 33146 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 01/14/1966

5. FEI Number: 59-621-5571 ☐ 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: JORGE E LIEVANO, M.D.

300008819763
11/06/02--01036--017 **23E.25
11/06/02 01036 015 131.25
300008819765
11/06/02--01036--018 **8.75
11/06/02 01036 016 $8.75

Street Address (P.O. Box Number is Not Acceptable): 7600 SW 57 Av, #225

Suite, Apt. #, Etc.: 225

City: Miami State: FL Zip Code: 33146

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: Jorge Enriquelievano M.D. (President)
REGISTERED AGENT MUST SIGN

Date: October30/02

CR2E081 (9/01)

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
D,P	Jorge E Lievano,M.D.	7600SW57Av,#225	Miami,FL33143
D,T	Enrique Casuso, M.D.	351 NW LeJeune Rd 404	Miami, Fl 33126
D,S	Helen Banta, Ph.D.	805 East Hillsboro Blv Suite 102	Deerfield Bch, FL 33441
D,PE	Jorge I Casariego,M.D.	8600 SW 92 St, 203	Miami, Fl 33156

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: Jorge Enriquelievano M.D. (President) 10/30/02 (305)663-6366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #