


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 730286

1. Corporation Name

HENDRY-GLADES MENTAL HEALTH CLINIC, INC.

Principal Place of Business

80 EUCLID PL
LABELLE FL 33935
US

Mailing Address

PO BOX 87
LABELLE FL 33935
US

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

07/25/1974

5. FEI Number

59-1558636

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	SHUPE, CHRISTOPHER	4290 ASPEN BLVD SW	LABELLE FL 33935
D	WEEKS, HARRIETT	270 AVE M	MOORE HAVEN FL
FOD	SHERIFF, RONNIE L. Lee, Ronnie	PO BOX 579	LABELLE FL 33975
VPE D	GRANT, WARREN	4020 RAINBOW CIR	LABELLE FL
STD VPD	HAMPTON, PEGGY	PO BOX 1019	LABELLE FL 33975
D	Valiant, Martha	P.O. Box 70	LaBelle FL 33975
D	Forbes, James	P.O. Box 1085	Clewiston FL 33440
D	Gonzales, Joe	500 W. Sugarland Ave.	Clewiston FL 33440

8. Name and Address of Current Registered Agent

HOSICK, JOSEPH
601 WEST ALVERDEZ
CLEWISTON FL 33440

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Joseph Hosick

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-12-01

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.

Christopher Shupe, President

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

01 OCT 15 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

2001

LS

CR2E040 (8/01)