PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **741133**

1. Corporation Name

MIAMI BEHAVIORAL HEALTH CENTER, INC.

Principal Place of Business	Mailing Address
3850 W FLAGLER ST MIAMI FL 33134 US	3850 W FLAGLER ST MIAMI FL 33134 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: 11/22/1977

5. FEI Number: 59-1787777 ☐ 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)

200003487572--4
-12/05/00--01087--013
****490.00 ****245.00

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City/State/Zip 4
P	SCHAEFFER, JOAN L	5240 SW 88TH CT.	MIAMI FL 33165
VP	~~DIAZ, RAGHEL H~~	~~5760 SW 94TH PLACE~~	~~MIAMI FL 33165~~
SD	~~LEON, CARMEN L~~ Diaz, Manuel W.	~~1810 SW 92ND AVENUE~~ 11220 SW 93 Street	~~MIAMI FL~~ 33176
TD	~~GOOPERMAN, LEONARD J~~ Schloss-Birkholz, Gisela	~~1190 NE 89TH STREET~~ 8901 SW 110th Avenue	MIAMI FL 33176
D	~~DIAZ, MANUEL W~~ Leon, Carmen L.	~~11220 S.W. 93RD ST~~ 1810 SW 92 Avenue	MIAMI FL 33165
O	~~CONCEPCION-AZZE, ANGEL R~~ Moss, Michael A.	~~5101 SW 6TH STREET~~ 8601 NW 193 Terrace	MIAMI FL 33 33015

8. Name and Address of Current Registered Agent

WARYAS, EDWARD J
20340 NE 12TH CT
N MIAMI BCH FL 33179

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) T8

Suite, Apt. # Etc. REINSTATEMENT

City | State: FL | Zip Code

CR2E040 (8/00)

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.

Signature of Registered Agent: SIGNATURE REQUIRED — Date: November 1, 2000
REGISTERED AGENT MUST SIGN

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 REQUIRED — November 1, 2000 — (305)774-3402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0036119 AF