

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 17 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 744111

1. Corporation Name

Bent Tree Center Association, Inc.

REINSTATEMENT

2. Principal Office Address

13831 SW 59 Street

3. Mailing Office Address

13831 SW 59 Street

Suite, Apt. #, etc.

101B

Suite, Apt. #, etc.

101B

City & State

Miami, FL

City & State

Miami, FL

Zip

33183-1145

Country

Miami-Dade

Zip

33183-1145

Country

Miami-Dade

4. Date Incorporated or Qualified

To Do Business in Florida 08/30/1978

5. FEI Number

591881414

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

Straley, Stephen J.

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

3990 Sheridan Street

Suite, Apt. #, Etc.

109

City

Hollywood

State

FL

Zip Code

33021

900030590209
03/16/04--01110--014 **297.50

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

Date

3-12-04

REGISTERED AGENT MUST SIGN

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
PD	Mahe, John A.	13936 SW 52 Terrace	Miami, FL 33175
TD	Moore, Patrick	13950 SW 52 Lane	Miami, FL 33175
VPDS	Gonzalez, Mayda	5224 SW 139 Avenue Road	Miami, FL 33175

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:

John A. Mahe John A. Mahe

02/25/04

305-380-9020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E001 (01/04)