

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 20 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 748518

1. Corporation Name

Western Palm Beach County Mental Health Clinic, INC.

REINSTATEMENT 02-09
800151481358
04/21/09--01024--022 **183.75
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

408 SE Dr MLK Blvd

3. Mailing Office Address

9774 Bowline Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201

City & State

Belle Glade, Florida

City & State

West Palm Beach, Florida

Zip

33430

Country

USA

Zip

33411

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 1979

5. FEI Number
59-1968743

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

Joseph Amato

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

9774 Bowline Drive

Suite, Apt. #, Etc.
201

City

West Palm Beach, Florida

State

FL

Zip Code

33411

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Joseph Amato

REGISTERED AGENT MUST SIGN

APRIL 15, 2009
Date March 19, 2009

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
P	Dorothy Gilbert	605 SW 13th Street	Belle Glade, Florida 33430
S	Kenneth Schenck	357 Kismet Avenue	Pahokee, Florida 33476
V	Leigh Woodham	833 Fleming Drive	Belle Glade, Florida 33430
T	Joseph Amato	9774 Bowline Drive	West Palm Beach, Florida 33411
	<i>Amato</i>		

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 contained in Chapter 119, 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:

Kenneth Schenck

KENNETH SCHENCK

7-30-09 561-755-0392

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #