

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 754108

FILED  
Nov 07, 2005  
Secretary of State

**Entity Name:** LOCK TOWNS COMMUNITY MENTAL HEALTH CENTER, INC.

**Current Principal Place of Business:**

20201 NW 37TH AVENUE  
MIAMI, FL 33056 US

**New Principal Place of Business:**

**Current Mailing Address:**

20201 NW 37TH AVENUE  
MIAMI, FL 33056 US

**New Mailing Address:**

**FEI Number:** 59-2024994 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

NEWMAN, HOWARD  
20201 NW 37TH AVENUE  
MIAMI, FL 33056 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: HOWARD NEWMAN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: KNOBEL, MARK  
Address: 20201 NW 37TH AVE  
City-St-Zip: MIAMI, FL 33056

Title: D ( ) Delete  
Name: NEWMAN, HOWARD  
Address: 20201 NW 37TH AVE  
City-St-Zip: MIAMI, FL 33056

Title: V ( ) Delete  
Name: BACK, SHARON  
Address: 20201 NW 37TH AVENUE  
City-St-Zip: MIAMI, FL

Title: T ( ) Delete  
Name: MARKELSON, ALLEN  
Address: 20201 NW 37TH AVE  
City-St-Zip: MIAMI, FL 33056

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK KNOBEL

DP

11/07/2005

Electronic Signature of Signing Officer or Director

Date