

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
01 NOV 21 PM 4: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
60004715375-4
-12/10/01--01088--007
****758.75 ****758.75

DOCUMENT # F98000001409

1. Corporation Name

Ramsay Youth Services of Florida, Inc.

2. Principal Office Address

One Alhambra Plaza

Suite, Apt. #, etc.

Suite 750

City & State

Coral Gables, FL

Zip

33134

Country

USA

3. Mailing Office Address

One Alhambra Plaza

Suite, Apt. #, etc.

Suite 750

City & State

Coral Gables, FL

Zip

33134

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/12/98

5. FEI Number

65-0816927

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

2001 JGM

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Connie Bryan Connie Bryan, Special Asst. Secy.

REGISTERED AGENT MUST SIGN

Date 11-21-01

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	Bert G Cibran	One Alhambra Plaza, S-750	Coral Gables, FL 33134
VPD	Marcio C. Cabrera	One Alhambra Plaza, S-750	Coral Gables, FL 33134
VPD	Jorge Rico	One Alhambra Plaza, S-750	Coral Gables, FL 33134

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)(f), 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:

Blanca C. Perez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/01

Date

305-569-6993

Daytime Phone #

CR25001 (8/00)