

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 98-99
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K33997

1. Corporation Name

SOUTH FLORIDA PSYCHOLOGICAL SERVICES, INC.

Principal Place of Business

8260 W. FLAGLER ST. SUITE 2-B
MIAMI FL 33144
US

Mailing Address

8260 W. FLAGLER ST. SUITE 2-B
MIAMI FL 33144
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2630 N.E. 203 St.

Suite, Apt. #, etc.

Suite 103

City & State

North Miami Beach, FL

Zip

33180

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/26/1988

5. FEI Number

65-0290472

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	MOSKOWITZ, THOMAS B.	5730 ALTON RD.	MIAMI BCH. FL

500002921235--9
-07/01/99--01080--007
****900.00 ****900.00

8. Name and Address of Current Registered Agent

MOSKOWITZ, THOMAS B.
5730 ALTON RD.
MIAMI BCH. FL 33140

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 3-6-99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

36.99

Date

Da/time Phone #

(305)
945-9191

FILED

29 JUN 28 PM 4:03

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 98-99

SP

CR2E040 (9/98)