

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000007051

1. Corporation Name

NEW HOPE BEHAVIORAL HEALTH CENTER, INC.

Principal Place of Business

1455 NW 14 ST.
MIAMI FL 33125

Mailing Address

1455 NW 14 ST.
MIAMI FL 33125

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

2. New Principal Office Address, If Applicable

13499 Biscayne Blvd.

Suite, Apt. #, etc.

106

City & State
Miami, Florida

Zip

33181

Country

United States

3. New Mailing Office Address, If Applicable

13499 Biscayne Blvd.

Suite, Apt. #, etc.

205

City & State
Miami, Florida

Zip

33181

Country

United States

4. Date Incorporated or Qualified
To Do Business in Florida

10/04/2001

5. FEI Number

16-1615693

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
T	MACLI, ANTONIO	13499 BISCAYNE BLVD., #106	NORTH MIAMI FL 33181
T	MACLI, WILLIAM	13499 BISCAYNE BLVD., #106	NORTH MIAMI FL 33181
T	MACLI, GUSTAVO	13499 BISCAYNE BLVD., #106	NORTH MIAMI FL 33181
T	HUARTE, SANDRA	13499 BISCAYNE BLVD., #106	NORTH MIAMI FL 33181
T	MACLI, JORGE	13499 BISCAYNE BLVD., #106	NORTH MIAMI FL 33181

8. Name and Address of Current Registered Agent

METSCH, BENJAMIN
1455 NW 14 ST.
MIAMI FL 33125

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

700009397627
12/06/02 01055 010 4756 25

State
FL

Zip Code

CR2ED40 (9/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

Benjamin Metsch REQUIRED

REGISTERED AGENT MUST SIGN

Date 12/03/02

11. 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:

Benjamin Metsch REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/03/02

Date

(305) 949-8989

Daytime Phone #