

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000008448

1. Corporation Name

DADE ASSOCIATION OF SCHOOL PSYCHOLOGISTS, INC.

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

7891 W. FLAGLER ST.

Suite, Apt. #, etc.

400

City & State

MIAMI FL

Zip

33144

Country

3. Mailing Office Address

7891 W. FLAGLER ST.

Suite, Apt. #, etc.

400

City & State

MIAMI FL

Zip

33144

Country

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (12/07)

07-09

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

12/04/2001

5. FEI Number

592480891

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.

7. Name and Address of Current Registered Agent

Name

Joan Kappus, MS, NCSP

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

7891 W. FLAGLER ST.

Suite, Apt. #, Etc.

400

City

MIAMI

State

FL

Zip Code

33144

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

Joan Kappus, MS, NCSP

REGISTERED AGENT MUST SIGN

Date 2-11-2009

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	Gil Lopez, Ed.D., NCSP	10200 SW 122 St	Miami, FL 33176
P	Joan Kappus, MS, NCSP	10850 SW 78 Ave	Miami, FL 33156
T	Anaeli R. Goldstein, MAE	9101 SW 48 St	Miami, FL 33165
S	Kathleen Leong Norona, Ed.S.	7891 W Flagler Street, Suite 400	Miami, FL 33144-2303

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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:

Joan Kappus, MS, NCSP

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-2009

Date

Daytime Phone #