

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN -2 AM 9:11

DOCUMENT # N02000009779

1. Corporation Name

SOUTH FLORIDA MENTAL HEALTH ASSOCIATION, INC

REINSTATEMENT

04-06

2. Principal Office Address

2140 SOUTH DIXIE HWY.

3. Mailing Office Address

2140 SOUTH DIXIE HWY.

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

201

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33133

Country

USA

Zip

33133

Country

USA

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

12/19/02

5. FEI Number

74-3073207

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KATHLEEN C. HALE

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

2140 SOUTH DIXIE HIGHWAY

Suite, Apt. #, Etc.

201

City

MIAMI

State

FL

Zip Code

33133

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

Kathleen C. Hale

Date

12/27/06

REGISTERED AGENT MUST SIGN

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	KATHLEEN C. HALE	2140 S.DIXIE HWY. #201	MIAMI, FL 33133
C	MARTY URRRA	7860 SW 120 PLACE	MIAMI, FL 33183

500082908886
01/02/07--01049--002 **183.75

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:

Kathleen C. Hale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/06

Date

(305) 854-5827

Daytime Phone #

2 of 2



SOUTH FLORIDA MENTAL HEALTH ASSOCIATION, INC.

2140 SOUTH DIXIE HIGHWAY, SUITE 201
MIAMI, FLORIDA 33133-2436
PHONE 305/854-5860 FAX 305/854-5857
WWW.SFMHA.ORG

Board of Directors

Marilyn Wagner Culp
Frederick A. Elder
H. Scott Fingerhut, Esq.
William M. Stokes
Marty E. Urra

Honorary Directors

Bart Armstrong
Albert Collazo
Thelma A. Gibson
Sergio Gonzalez
Judge Steve Leifman
Santiago Leon
Linda Marraccini, MD
Elizabeth Metcalf, Ph. D.
Otis Pitts
M. Athalie Range
Carol Von Arx
George E. Williamson, III

President and CEO

Kathleen C. Hale

December 27, 2006

**Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32301**

**Re: South Florida Mental Health Association, Inc.
Doc. #N02000009779**


Dear Sirs:

Please be advised that the organization has new officers since it last filed its Annual Report. The mailing address on file with the State of Florida, Division of Corporations is not the correct address for the organization. As such, current officers never received new forms to file with the state.

Enclosed please find a completed Corporation Reinstatement Form. In addition, please find check #1367 in the amount of \$183.75 as part of the corresponding Annual Report Fee for the years 2004, 2005 and 2006.

We respectfully request that the reinstatement fee be waived. This is a not-for-profit organization with very limited funds and your help on this matter will be greatly appreciated. We assure you, this error will never happen again.

Sincerely,


Kathleen C. Hale
President

An Affiliate of
National Mental
Health Association

