

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N24728**

1. Corporation Name  
**EPISCOPAL MENTAL HEALTH MINISTRIES, INC.**

Principal Place of Business  
101 NE FIRST ST  
POMPANO BEACH FL 33060  
US

Mailing Address  
101 NE FIRST ST  
POMPANO BEACH FL 33060  
US

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip Country

**FILED**  
96 OCT 31 AM 9:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
mwb  
11-4-96

**REINSTATEMENT 1996**

4. Date Incorporated or Qualified To Do Business in Florida **02/08/1988**

5. FEI Number **65-0133444** Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	MARTIN, RICHARD	6245 NW 54TH COURT	LAUDERHILL FL 33040
VPD	SYLVANUS REGISFOLD	2760 N.W. 7TH TERR	LAUDERDALE LAKES, FL 33309
	CARLS, ERNEST	671 SW 6TH STREET	POMPANO BEACH FL 33060
TD	LUND, BARRIE	8000 GYPPRESS RD APT. 401	PLANTATION FL
	JAMES MANTLEY	2324 N.W. 15 STREET	FT. LAUDERDALE, FL 33311
SD	CASSELBERRY, ELAINE	1318 SE 2 TERR.	DEERFIELD BEACH FL
Ex-Dir	ROBERT J. VAUGHN	13220 SW 98 PLACE	MIAMI, Florida 33176

8. Name and Address of Current Registered Agent

VAUGHN, ROBERT J  
101 N.E. 1ST STREET  
POMPANO BEACH FL 33060

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc. **800001997278-7**

City **-11/06/96-01025-015**

State **FL** Zip **33060-236-25**

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 *[Signature]* **REQUIRED**

REGISTERED AGENT MUST SIGN

Date **10/9/96**

11: Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(b), 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]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/9/96** Daytime Phone **305-465-2455**