

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

01 JAN -2 PM 1:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N35536**

**1. Corporation Name**  
Mental Health Advocacy Foundation, Inc.

**2. Principal Office Address**

227 NE 17th Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33132

Country

USA

**3. Mailing Office Address**

227 NE 17th Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33132

Country

USA

**REINSTATEMENT**

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

12-4-1989

**5. FEI Number**

65-0282814

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

Jamie Bravo

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

227 NE 17th Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33132

**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

REGISTERED AGENT MUST SIGN

Date 12-28-00

**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
D	Thelma Gibson	3361 Franklin Avenue	Coconut Grove, FL 33133
D	Evelyn Cohan	2127 Brickell Avenue #3501	Miami, FL 33158
D	Jamie Bravo	119 SW 23rd Road	Miami, FL 33129

**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 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:**

Jamie Bravo, Director  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-28-00  
Date

305-379-2673  
Daytime Phone #