

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N94000000084

1. Corporation Name

OPEN DOOR COUNSELING CENTER, INC.

Principal Place of Business

Mailing Address

515 S.W. 12TH AVE.
SUITE 521
MIAMI FL 33130
US

515 S.W. 12TH AVE.
SUITE 521
MIAMI FL 33130
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

4. Date Incorporated or Qualified
To Do Business in Florida

01/07/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0459608

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MELENDEZ, RAFAEL A M.A.	515 SW 12TH AVE. #521	MIAMI FL
TD	MELENDEZ, LOURDES C	515 SW 12TH AVE. #521	MIAMI FL
SD	PALMER, CHERIE	515 S.W. 12TH AVE. #521	MIAMI FL

400004194874--2
-05/10/01--01145--006
*****297.50 *****297.50

8. Name and Address of Current Registered Agent

REINSTATEMENT 00-01-78

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

MELENDEZ, LOURDES C
515 S.W. 12TH AVE.
SUITE 521
MIAMI FL 33135

400004194874--2
-05/10/01--01145--007
*****8.75 *****8.75

FL

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

REGISTERED AGENT MUST SIGN

Date

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 application are true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

01 APR 19 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E040 (8/00)