

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

98 MAR 12 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000000941

1. Corporation Name

ZION'S TREATMENT CENTER, INC.

Principal Place of Business

Mailing Address

776 N.W. 65th Street
Miami, Fl. 33150

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

February 19, 1996

5. FEI Number

65-0635185

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Exec. Direc	Zion Gloria Hezekiah (h)	776 N.W. 65th St.	Miami, Fl. 33150
Pres.	Bernard Veargis (h)	1095 N.W. 58th Terr.	Miami, Fl. 33127
Member	Lawrence Gunn (T)	4220 N.W. 171st. St.	Miami, Fl. 33055
Member	Charlie Veargis (T)	1095 N.W. 58th. Terr.	Miami, Fl. 33150
Assistant Ex. Direc	James Haynes (h)	13851 N.E. 3rd CT #109B	Miami FL, 33161
Member	Jeffery Braxton (T)	19611 NW 39th CT	Miami FL, 33055

8. Name and Address of Current Registered Agent

Zion Gloria Hezekiah
776 N.W. 65th Street
Miami, Fl. 33150

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

000002458930-1

03/17/98-01025-002

State Zip Code
****297.50 ****297.50

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

Zion Gloria Hezekiah
REGISTERED AGENT MUST SIGN

Date 02/26/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/26/98

Date

(305) 754-0207

Daytime Phone #

CR2040 (1/96)