

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 NOV 15 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000002752

1. Corporation Name

SOUTH FLORIDA COUNCIL FOR CHILD & ADOLESCENT PSYCHIATRY, INC

2. Principal Office Address

275 GLENRIDGE RD

Suite, Apt. #, etc.

3. Mailing Office Address

275 GLENRIDGE RD

Suite, Apt. #, etc.

City & State

KEY BISCAYNE FL

City & State

KEY BISCAYNE FL

Zip

33149

Country

USA

Zip

33149

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/17/1996

5. FEI Number

65-0708430

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
EUGENIO ROTHE

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

Suite, Apt. #, Etc.

City
KEY BISCAYNE

State
FL

Zip Code
33149

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

11/11/06

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
PD	ROTHER, EUGENIO	275 GLENRIDGE RD	KEY BISCAYNE FL 33149

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/11/06 (305) 774-1699