

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 NOV 23 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000000390

1. Corporation Name

T.L.C. MENTAL HEALTH CENTER, INC.

Principal Place of Business

Mailing Address

1800 SOUTHWEST 2ND COURT
MIAMI FL 33129

1800 SOUTHWEST 2ND COURT
MIAMI FL 33129

98 11/18/98



REINSTATEMENT

If above addresses are incorrect, please indicate the correction and enter correction below.

2. New Principal Office Address, If Applicable

1980 Coral Way
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1980 Coral Way
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

01/24/1997

5. FEI Number

65-0727418

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)

300002701053-4

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
D	LOURENCO ANTONIO F M.D.	1321 N.W. 14TH STREET, SUITE 402	MIAMI FL 33125
TD	VILA, ANTONIO S	1800 S.W. 2ND CT.	MIAMI FL 33129
PD	VILA, CORALIA M	1800 S.W. 2ND CT.	MIAMI FL 33129
VD	ANA D. GARCIA	525 S.W. 42 AVE #201	MIAMI, FL 33134
SD	MARIA M. GENIE, MSW	10290 NW 9 ST CR #408	MIAMI, FL 33172
D	EUGENIO M. SANCHEZ, MD	1909 SW 18th Ave	MIAMI, FL 33145

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TARVER, PAIGE C ESQ.
TWO SOUTH BISCAYNE BLVD.
ONE BISCAYNE TOWER, SUITE 3750
MIAMI FL 33131

Name PHILIP E. BOSS, JR., ESQ.

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

1201 HARDEE ROAD

Suite, Apt. #, Etc.

City CORAL GABLES

State FL

Zip Code 33146

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

Philip E. Boss, Jr.
REGISTERED AGENT MUST SIGN

Date

11/18/98

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)(f), 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:

Coralia M. Vila
CORALIA M. VILA, PRESIDENT 11/18/98 (305) 857-5097

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #