

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 MAY -2 PM 2:42

SECRETARY OF STATE  
TALLAHASSEE - FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 197060001788

1. Corporation Name

Dade County Juvenile Assessment Center

**REINSTATEMENT 98-03**

2. Principal Office Address

275 N.W. 2nd Street

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33128

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

N97000001788

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

Alberto Cardenas, Attorney at Law

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

201 South Biscayne Boulevard

Suite, Apt. #, Etc.

Suite 2600

City

Miami

State

FL

Zip Code

33131-4336

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

*[Signature]*

Date

4-28-03

REGISTERED AGENT MUST SIGN

**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
C	Peter W. Roulhac "D"	200 S. Biscayne Blvd., 15th Floor	Miami, FL 33131
Vice C/S	Alberto Cardenas "D"	201 S. Biscayne Blvd. Suite 2600	Miami, FL 33131-4336
Vice C	Dorothy Weaver "D"	2333 Ponce de Leon Blvd., PH 100	Coral Gables, FL 33134
T	Raul Saenz "D"	8180 N.W. 36th Street, Suite 100	Miami, FL 33172

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/27/03

Daytime Phone #

CR2E031 (10/02)

21 515