

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 26 PM 12:54

DOCUMENT # N97000004457

1. Corporation Name  
Center For Human Development And Counseling, Inc.

2. Principal Office Address  
657 Minola Drive

Suite, Apt. #, etc.

City & State

Miami Springs, FL

Zip

33166

Country

USA

3. Mailing Office Address

657 Minola Drive

Suite, Apt. #, etc.

City & State

Miami Springs, FL

Zip

33166

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

8/6/97

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 98-00

**7. Name and Address of Current Registered Agent**

Name

Harry Henshaw Ed.D.

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

657 Minola Drive

Suite, Apt. #, Etc.

City

Miami Springs

State

FL

Zip Code

33166

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

*Harry Henshaw*

REGISTERED AGENT MUST SIGN

Date

4-24-2000

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip      |
|--------|--------------------------------------|---|-------------------------|
| PD     | Harry Henshaw Ed.D.                  | 657 Minola Drive                                  | Miami Springs, FL 33166 |
| D      | Cathy Alvarez                        | 657 Minola Drive                                  | Miami Springs, FL 33166 |
| D      | Lorie Slavin                         | 657 Minola Drive                                  | Miami Springs, FL 33166 |
|        |                                      |   |                         |
|        |                                      |   |                         |
|        |                                      |   |                         |

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:

*Harry Henshaw*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-24-2000

Daytime Phone #