

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 15 AM 9:23

DOCUMENT # N97000004457

1. Corporation Name

CENTER FOR HUMAN DEVELOPMENT AND COUNSELING, INC

Principal Place of Business

Mailing Address

657 MINOLA DRIVE  
MIAMI SPRINGS FL 33166

657 MINOLA DRIVE  
MIAMI SPRINGS FL 33166



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

16831 NE 6 Ave

Suite, Apt. #, etc.

North Miami Beach

City & State

Florida

Zip

33162-2408

Country

Dade

3. New Mailing Office Address, If Applicable

16831 NE 6 Ave.

Suite, Apt. #, etc.

North Miami Beach,

City & State

Florida

Zip

33162-2408

Country

Miami-Dade

4. Date Incorporated or Qualified  
To Do Business in Florida

08/06/1997

5. FEI Number

65-1003269

Applied For

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	HENSHAW, HARRY ED.D.	657 MINOLA DRIVE 16831 NE 6 Ave	MIAMI SPRINGS FL 33166 North Miami Beach, FLA 33162
D	ALVAREZ, CATHY	657 MINOLA DRIVE 16831 NE 6 Ave	MIAMI SPRINGS FL 33166 North Miami Beach, FLA 33162
D	SLAVIN, LORIE	657 MINOLA DRIVE 16831 NE 6 Ave	MIAMI SPRINGS FL 33166 North Miami Beach, FLA 33162
			400004653364--8 -10/25/01--01060--004 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

HENSHAW, HARRY ED.D.

657 MINOLA DRIVE 16831 NE 6 Ave

MIAMI SPRINGS FL 33166 North Miami Beach, FLA  
33162

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date Oct 12, 2001

11. 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

Date

Daytime Phone #

CR2E040 (801)