

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAR 27 AM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000004639

1. Corporation Name

THE AMERICAN BOARD OF MENTAL HEALTH
DIAGNOSTICS, Inc.

2. Principal Office Address

2801 University Dr.

3. Mailing Office Address

2801 University Dr.

Suite, Apt. #, etc.

205

Suite, Apt. #, etc.

205

City & State

Coral Springs, Fl.

City & State

Coral Springs, Fl.

Zip

33065

Country

USA

Zip

33065

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/14/1997

5. FEI Number

650815037

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-03

7. Name and Address of Current Registered Agent

Name

Michael Kasdaglis, DCSW

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

2801 University Dr.

Suite, Apt. #, Etc.

205

City

Coral Springs

State
FL

Zip Code
33065

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

Michael Kasdaglis
REGISTERED AGENT MUST SIGN

Date 03/01/2003

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
P/D/C	Michael Kasdaglis, DCSW	2801 University Dr., # 205	Coral Springs, Fl. 33065
VP/D	Elizabeth Alexakis, MSW	1244 NW 117th Ave	Coral Springs, Fl. 33071
D	George Alexakis, EdD, ABD	1244 NW 117th Ave	Coral Springs, Fl. 33071
S/D	Esther L. Kasdaglis, RN	8855 NW 17th Manor	Coral Springs, Fl. 33071

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)(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:

Michael Kasdaglis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/01/2003 954 344 8352

Date

Daytime Phone #

CR2E081 (10/02)