

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 APR 16 PM 3:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N97000005020

**1. Corporation Name**

SCHILO COUNSELING CENTER, INC

**2. Principal Office Address**

375 NE 54TH STREET # 6

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33137

Country

DADE

**3. Mailing Office Address**

same as above

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified**

To Do Business in Florida 08/11/97

**5. FEI Number**

65-0774830

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

Dr. SAUL D. THERMIDOR

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

375 NW 54 STREET

Suite, Apt. #, Etc.

# 6

City

MIAMI

State

FL

Zip Code

33137

**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

Date 4/8/2004

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
DP	THERMIDOR, SAUL	20781 NW 41 AVENUE	MIAMI, FL 33055
DST	ST-FORT, GINETTE	535 NW 121 STREET	MIAMI, FL 33168
DV	BROWN, PAUL	551 10 STREET	LAKE PARK, FL 33403

REINSTATEMENT 02-09

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/8/2004

Daytime Phone #

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SCHILO COUNSELING CENTER Inc.  
375 N.E. 54<sup>th</sup> Street # 6  
Miami, Florida  
Phone: (305) 757-0076 Fax: (305) 757-0084

April 8, 2004

DIVISION OF CORPORATIONS  
P.O.Box 6327  
TALLAHASSEE FL 32314-6327

Ref: CORPORATION REINSTATEMENT, DOC # N97005020

Please take notice that our Record revealed that our office sent a check for \$ 236, 25 that was cashed in July 2002.

We are requesting that the Reinstatement fees be waived because we did not receive the Department's letter that was sent to us in of July 2002.

Please take the \$ 236.25 credited our account to pay the annual fees for 2002, 2003 and 2004.

Please keep the remaining balance in our account and Reinstate our Corporation as soon as possible.

Respectively,



Dr. Saul D. Thermidor