

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

02 MAR 15 PM 2:36

DOCUMENT # N99000001603

1. Corporation Name

GREATER MIAMI BEHAVIORAL
HEALTHCARE CENTER, INC.

2. Principal Office Address

5040 NW 7TH STREET

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33126

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip

SAME

Country

SAME

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

02/24/99

5. FEI Number

65-0680155

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

YAMIRA ZABALETA n/k/a YAMIRA BARRETO

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

9313 SW 138 PLACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33186

800005175108

03/28/02-01053-014

****297.50 **** 97.50

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]

REGISTERED AGENT MUST SIGN

Date

3/1/02

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 |
|--------|--------------------------------------|---|-----------------------|
| D | YAMIRA ZABALETA | 9313 SW 138 PLACE | MIAMI, FL 33186 |
| D | FEDERICO ADAN | 710 LAKEVIEW DR. | MIAMI BEACH, FL 33140 |
| D | LISA DEMOND | 2450 FRANKLIN ST. | HOLLYWOOD, FL 33024 |
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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

03/01/02 (305) 7524600

Daytime Phone #

CR2E081 (9/01)