

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

DOCUMENT # N99000002561

01 DEC 26 PM 4:09

1. Corporation Name

OZ BEHAVIORAL HEALTH SERVICES, INC.

500004765465--7  
-01/10/02--01076--021  
\*\*\*\*236.25 \*\*\*\*236.25

Principal Place of Business

Mailing Address

13711 NEWPORT MANOR  
DAVIE FL 33325

13711 NEWPORT MANOR  
DAVIE FL 33325



REINSTATEMENT 01

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

04/27/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number 1065-0913746

Applied For

APPLIED FOR

Not Applicable

City & State

City & State

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	HAYES, BARBARA	13711 NEWPORT MANOR	DAVIE FL 33325
ST	HAYES, BARBARA	13711 NEWPORT MANOR	DAVIE FL 33325
D	DAVIS, LYNN	13711 NEWPORT MANOR	DAVIE FL 33325
D	DELANCY, CATHIE	13711 NEWPORT MANOR	DAVIE FL 33325

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name  
James V. Faccio, Esq.

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

150 NE 15th Ave

Suite, Apt. #, Etc.

1327

City

Ft Lauderdale

State

FL

Zip Code

33301

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

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 #

11-23-01 954-309-0659

CR2E040 (8/01)