

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC -3 AM 10:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N99000006580

1. Corporation Name

NEW VISIONS MENTAL HEALTH OUTREACH, INC.

Principal Place of Business

2880 WEST OAKLNAD PARK BLVD..STE.206  
FT. LAUDERDALE FL 33311

Mailing Address

550 EASE CAMPUS CIR  
FORT LAUDERDALE FL 33312



300009314093  
12/03/02--01037--010 \*\*70.00

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/04/1999

5. FEI Number

65-0961416

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
V	BASSA, JAMES L JR	102 NW 4TH AVE	DELRAY BEACH FL 33444
PD	ALLEN, K.C.	550 E. CAMPUS CIRCLE	FT. LAUDERDALE FL 33312
D	HALL, MATT	1355 N.W. 129TH TERR.	SUNRISE FL 33323
T	JACKSON, LOIS	2305 N.W. 195 STREET	MIAMI FL 33056
D	RAMIREZ, RAMON DR	7421 N UNIVERSITY DR STE-3	FORT-LAUDERDALE FL 33321
S D	BOWDEN, STEPHANIE	733 NW 5TH ST	HALLANDALE FL 33009

8. Name and Address of Current Registered Agent

ALLEN, ROSLYN S  
2880 WEST OAKLNAD PARK BLVD.,STE.206  
FT. LAUDERDALE FL 33311

9. Name and Address of New Registered Agent

Name: Roslyn S. Allen  
Street Address (P.O. Box Number is Not Acceptable): 550 East Campus Circle  
Suite, Apt. #, Etc.: Fort Lauderdale  
City: Florida State: FL Zip Code: 33312

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

11/21/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/21/02

Dear Sir

New Visions Mental Health  
outreach Inc. is requesting reinstatement  
We did not receive an informal business  
report or any cancellation notice until  
the enclosed was received.

Our business mailing address presently  
is 550 East Campus Circle  
Fort Lauderdale, Fla 33312

Fees are enclosed for reinstatement  
of  $61.25 + 8.75$  for certificate of status

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Thank you  
Rashley D. Allen